PETERSFIELD RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1962

PETERSFIELD RURAL DISTRICT COUNCIL

A N N U A L R E P O R T

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THE RURAL DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council:

Mr.J.S.G.Crosland, J.P.

Vice-Chairman of the Council:

Mr.A.H.Moore.

Chairman of the Public Health Committee:

Mr.S.B.Selmes.

MEMBERS OF THE COUNCIL:

Mr.H.C.Ablitt.
Group Capt.J.C.Barraclough.
Mr.B.L.P.Blacker.
Mr.R.E.Canterbury.
Mr.W.A.Collins.
Capt.A.F.Coryton, D.L., J.P.
Mr.W.A.Coyte.
Mr.J.S.G.Crosland, J.P.
Mr.Ivor Fry.
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Mr.C.G.R.Goodwin.
Mr.J.Green.
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Mrs.E.B.D.Shove.
Mrs.M.E.Smith.
Miss W.Stubington.
Mr.E.F.Talbot-Ponsonby.
Mr.D.V.N.Toplis.
Rear Admiral E.L.Tottenham,C.B.,O.B.E.
Mr.H.E.Webb.

MEMBERS OF THE HEALTH DEPARTMENT STAFF:

Medical Officer of Health:

S.Chalmers Parry,M.A.(Cantab),M.R.C.S.,L.R.C.P.,D.P.H.

Chief Public Health Inspector:

A.Swan,A.R.S.H.,M.A.P.H.I.

Additional Public Health Inspectors:

B.H.Marsh, Cert.S.I.B., M.A.P.H.I.
W.L.Fisher, Cert.P.H.I.E.B., M.A.P.H.I.

Clerks:

A.A.M.Hallett.
Mrs.C.J.Fifield.(Part-time) Until 28th February, 1962.
Miss J.L.Phillips.

RURAL DISTRICT COUNCIL OF PETERSFIELD

Telephone Numbers:-
Petersfield 319/506/507.

Public Health Department,
The Old College,
Petersfield,
Hampshire.

To the Chairman and Members of the
Petersfield Rural District Council.

I have the honour to present the Annual Report for the year 1962, on the health and sanitary circumstances of the Rural District of Petersfield. It is drafted in accordance with the requirements of the Ministry of Health.

Apart from a few cases of dysentery, there was very little infectious disease.

The dysentery outbreak was restricted to one locality; but it was very persistent and involved a considerable amount of investigation. I am indebted to the Public Health Laboratory Service for their help on this and many other occasions.

In February 1962, oral poliomyelitis vaccine was first made available for routine immunisation of special groups as an alternative to the inactivated Salk Vaccine.

There has been no case of diphtheria in the District during the past ten years. Parents are again reminded that children should be immunised before their first birthday. The percentage of children, born in 1961 and immunised before the age of one year, was 64.32%.

The percentage of children, under the age of one year, who were vaccinated against smallpox was 56.7%.

The value of safety precautions is again stressed in the prevention of accidents in the home, on the road and in the water.

I should like to thank you all for your help and encouragement, and I am grateful to the Officers of other Departments for their willing help and assistance at all times.

I also wish to record my grateful thanks to Mr.Swan, The Chief Public Health Inspector, for his valuable co-operation and assistance in compiling this report.

S. Chalmers Parry

Medical Officer of Health,
Petersfield Rural District Council.

L E G I S L A T I O N

During the year, the following legislation affecting the Public Health Department was enacted:-

1. The National Assistance (Amendment) Act, 1962.

This Act gives the widest possible power to Local Authorities to make arrangements for providing meals and recreation for old people.

2. Landlord and Tenant Act, 1962.

A rent book is now required for all weekly tenancies. Local Authorities have power to prosecute breaches of this Act.

3. Food Hygiene (General) Regulations, 1962.

These regulations make minor amendments to the Food Hygiene Regulations 1960, such as specifying certain food which must not be prepared on Domestic Premises.

4. Housing (Management of Houses in Multiple Occupation) Regulations,1962.

Managers of any house let in lodgings or occupied by more than one family are required to ensure the good order, repair and cleanliness of the water supply, drainage, lighting and heating, ventilation, disposal of refuse, means of escape in case of fire, common rooms and passages.

These regulations prescribe a code of management which Local Authorities may apply by order to any such house, which is in an unsatisfactory condition in consequence of defective management.

5. Oil Heaters Regulations, 1962.

These regulations prescribe safety provisions to be observed by manufacturers of oil heaters.

6. Emulsifiers and Stabilisers in Food Regulations, 1962.

These regulations prescribe a list of permitted emulsifiers and stabilisers which may be added to food.

7. Milk and Dairies (Emulsifiers and Stabilisers) Regulations, 1962.

These regulations prohibit the sale of liquid milk to which any emulsifier or stabiliser has been added.

8. Preservatives in Food Regulations, 1962.

These regulations prescribe permitted preservatives and specify the maximum amount which may be added to food.

9. Milk and Dairies (Preservatives) Regulations, 1962.

All preservatives are prohibited in milk.

NATURAL AND SOCIAL CONDITIONS OF THE AREA

The district surrounds a pleasant market town in the extreme east of Hampshire. It has a common boundary with Surrey and Sussex for over twenty-four miles.

The area comprises thirteen parishes, three of which have a population of over 3,000 and their villages form the main centres of population.

Increasing availability of main services has led to modernisation and improvement to most villages and hamlets in the area without excessively changing their character and they remain popular residential resorts.

Modern estates have developed in a few urban sections of the district. These are frequently dormitories and are mainly purchased by newcomers to the area.

The South Downs form a natural division between the north and the south, but travel is not unduly restricted on this account as both the main London-Portsmouth road and rail services link Petersfield with the coastal area.

Agriculture is the main industry and in some parishes forms the only interest. With farming can be associated fruit growing and hop growing. Seasonal harvesting is now dealt with mainly by machines and local labour which have tended to replace gypsies and imported help.

Employment is provided chiefly by way of building and allied trades, transport work, shop keeping, clerical work and by professional and personal services. There are also a few small factories and the tendency is towards a slight increase in the numbers employed in light industry. Many of the residents in the south of the district work at Portsmouth, the chief source of employment being naval establishments, and a service stores depot in Liphook absorbs a considerable proportion of the labour force over a wide area.

STATISTICS OF THE AREA

Area	54,758 acres.
Rateable Value (1962/63)	£241,930.
Sum represented by a penny rate (1962/63)	£1010.
Approximate number of inhabited houses	7,549.
"Home" Population (based on Registrar General's final figures from Census) Mid 1961	23,930.

VITAL STATISTICS

Births:

	1962			1961		
	M	F	Total	M	F	Total
Live Births (Legitimate)	196	193	389	209	173	382
(Illegitimate)	7	11	18	10	6	16
Total Live Births			407			398

Live Birth rate per 1,000 of the estimated population was 17.8 compared with 18.0 for the whole of England and Wales.

Illegitimate live births per cent of total live births 4.4%

	1962			1961		
	M	F	Total	M	F	Total
Still Births (Legitimate)	2	4	6	2	1	3
(Illegitimate)	-	-	-	1	-	1
Total Still Births			6			4

Still Birth rate per 1,000 total (live and still) births was 14.5 compared with 18.1 for the whole of England and Wales.

	1962			1961		
	M	F	Total	M	F	Total
Total live and still births	205	208	413	222	180	402

Deaths:

	1962			1961		
	M	F	Total	M	F	Total
From all causes	128	134	262	146	129	275

Death rate per 1,000 estimated population was 10.9 compared with 11.9 for the whole of England and Wales.

Maternal Mortality:

Pregnancy, childbirth, abortion .. .. NIL

Infant Mortality (deaths under one year):

	1962			1961		
	M	F	Total	M	F	Total
Legitimate	1	5	6	6	2	8
Illegitimate	-	1	1	-	-	-
Total Infant Deaths			7			8

Infant mortality rate per 1,000 live births was 17.2 compared with 21.6 for the whole of England and Wales.

Infant Mortality Rate:

The number of deaths of infants under the age of one year per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the district is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five year period.

Infant Mortality Rates (per 1,000 Live Births)		
Year	Petersfield Rural District	England and Wales
1946	40.0	42.0
1947	31.1	39.2
1948	27.5	35.9
1949	27.8	33.3
1950	22.6	30.6
1951	23.8	29.1
1952	24.9	27.8
1953	28.5	26.8
1954	26.7	25.7
1955	27.9	24.8
1956	24.2	23.9
1957	21.6	23.2
1958	18.1	22.6
1959	17.9	22.1
1960	16.7	21.8

The infant mortality rate for the year under review was 17.2 compared with 21.6 for England and Wales.

	Causes of Death	M	F	Total
1.	Tuberculosis of Respiratory System	-	-	-
2.	Other forms of Tuberculosis	-	1	1
3.	Syphilis	1	1	2
4.	Diphtheria	-	-	-
5.	Whooping Cough	-	-	-
6.	Meningococcal Infections	-	-	-
7.	Acute Poliomyelitis	-	-	-
8.	Measles	-	-	-
9.	Other Infective and Parasitic Diseases ..	-	-	-
10.	Malignant Neoplasm, Stomach	4	2	6
11.	" " , Lung, Bronchus	9	-	9
12.	" " , Breast	-	5	5
13.	" " , Uterus	-	1	1
14.	Other Malignant & Lymphatic Neoplasms ..	12	13	25
15.	Leukaemia, Aleukaemia	2	-	2
16.	Diabetes	1	-	1
17.	Vascular Lesions of Nervous System	16	29	45
18.	Coronary Disease, Angina	27	14	41
19.	Hypertension with Heart Disease	4	6	10
20.	Other Heart Disease	12	26	38
21.	Other Circulatory Disease	5	6	11
22.	Influenza	-	-	-
23.	Pneumonia	5	3	8
24.	Bronchitis	10	6	16
25.	Other Disease of Respiratory System	1	1	2
26.	Ulcer of Stomach and Duodenum	-	-	-
27.	Gastritis, Enteritis and Diarrhoea	-	1	1
28.	Nephritis and Nephrosis	-	-	-
29.	Hyperplasia of Prostate	1	-	1
30.	Pregnancy, Childbirth, Abortion	-	-	-
31.	Congenital Malformations	2	3	5
32.	Other Defined and Ill-defined Diseases ..	7	9	16
33.	Motor Vehicle Accidents	2	2	4
34.	All other Accidents	6	4	10
35.	Suicide	1	1	2
36.	Homicide and Operations of War	-	-	-
		128	134	262

HOSPITALS

General:

There are six General Hospitals available for the admission of patients from the district:-

HASLEMERE AND DISTRICT HOSPITAL (Telephone: Haslemere 894).

PETERSFIELD GENERAL HOSPITAL (The Petersfield Hospital (Telephone: Petersfield 1221) has twenty-eight beds available for medical and surgical cases.
It is administered by the Portsmouth Group Hospital Management Committee.

ROYAL SURREY COUNTY HOSPITAL (Telephone: Guildford 2323).

ST.MARY'S HOSPITAL, PORTSMOUTH (Telephone: Portsmouth 22331).

QUEEN ALEXANDRA'S HOSPITAL (Telephone: Cosham 79451).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH (Telephone: Portsmouth 22281).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER (Telephone: Winchester 5151).

Heathside Hospital, Petersfield:

This Institution is controlled by the Portsmouth Group Hospital Management Committee and is available for chronic sick patients.

Maternity Cases:

The Grange Nursing Home, Liss and Northlands Maternity Home, Emsworth, are available for maternity cases.

Few applications are made to the Group Maternity Clerk working at St. Mary's Hospital, Portsmouth; the great majority continue to be made to the County Medical Officer who arranges for a home visit by the District Nurse.

Infectious Diseases:

There is no infectious diseases hospital in the district.

Any infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Priors Dean Hospital, Milton Road, Portsmouth (Telephone: Portsmouth 22331) which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton (Telephone: Alton 2811).

Sanatoria:

Sanatoria for patients, who are suffering from Tuberculosis are provided by the Regional Hospital Board.

Smallpox:

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Weyhill Hospital, Andover. Requests for admission to Weyhill should be made to the Group Secretary of the Winchester Group Hospital Management Committee (Telephone: Winchester 5151) between the hours of 9.00a.m. and 5.00p.m. and to the Duty Officer at the Royal Hampshire County Hospital (Telephone: Winchester 5151) out of office hours.

Family Planning Association Clinics:

The following Clinics, which are run on a voluntary basis, give advice on family planning as this is not a service available under the National Health Service.

A lady Doctor and Sister are in attendance:-

ADDRESS	DAY	TIME
COSHAM: Child Welfare Clinic, Northern Road.	Wednesdays.	1.30p.m. - 3.30p.m.
GUILDFORD: St.Luke's Hospital, Warren Road.	Fridays.	6.0p.m. - 7.30p.m. 5.45p.m. - 6.45p.m. New patients (by appointment only). Enquiries to Hon.Secretary, Mrs.Farmer, 27 Harvey Road, Guildford, Surrey. (Telephone: Guildford 4235).
HASLEMERE: Quedley Clinic, Vicarage Lane, Shottermill, Haslemere.	1st and 3rd Wednesdays.	6.30p.m. - 7.30p.m.
MIDHURST: Welfare Hall, Petersfield Road.	1st and 3rd Thursdays.	2.30p.m. - 4.0p.m.
PORTSMOUTH: Trafalgar Place, Clive Road, Fratton.	Tuesdays.	1.30p.m. - 3.30p.m.
	Fridays.	6.0p.m. - 8.0p.m.
WINCHESTER: The Hut (adjoining Trafalgar House), Trafalgar Street.	Tuesdays.	2.0p.m. - 4.0p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that the woman should, at her first attendance, take to the Clinic a letter from her own doctor.

GENERAL PROVISION OF HEALTH SERVICES

FOR THE AREA

Laboratory Facilities:

Bacteriological work is carried out by the Public Health Laboratory at Milton, Portsmouth, (Telephone: Portsmouth 22331) and specimens of clinical material (sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to the Director, Doctor K.Hughes.

Specimens may be left at the Porter's Lodge of Priors Dean Hospital, Milton Road, Portsmouth, at any time. URGENT specimens can be dealt with, when the laboratory is closed, by telephoning the technician on call at St.Mary's Hospital (Telephone: Portsmouth 22331).

At Winchester, (Telephone: Winchester 3807) specimens may be deposited in the sample box placed outside the laboratory, or they may be left at the Main Hall of the Royal Hampshire County Hospital at any time when the laboratory is closed. At week-ends, and on public holidays, arrangements are made for dealing with specimens during the morning and evening. URGENT specimens can be dealt with at any time and the Director, Doctor M.H.Hughes, is available at Twyford 3349 for telephone consultation when he is not in the laboratory.

Samples for chemical analysis are sent to the City Analyst, Portsmouth, (Telephone: Portsmouth 23641).

Ambulance Facilities:

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham, (Telephone: Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

The use of the Hospital Car Service may also be obtained through the Ambulance Officer (Telephone: Fareham 3626).

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Winchester Hospital Management Committee (Telephone: Winchester 5151).

Nursing and Health Visiting in the homes and clinics:

The names of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer are shown in the following table:-

Names and Addresses of Nurses and Midwives	District Served (Excluding Group Practices)	Names and Addresses of Health Visitors
Mrs.Eames,S.R.N.,S.C.M., Lurganboy, Stonehill Road, Headley Down, Bordon. (Tel:Headley Down 2170)	Passfield.	Miss V.Gawthorp, S.R.N.,S.C.M., H.V.Certificate, Cherry Croft, Liphook Road, Headley,Bordon. (Tel:Headley Down 3322).
Mrs.E.Beake,S.R.N.,S.C.M.,Q.N., R.S.H.Certificate, Nurse's Cottage, 3 Headley Road, Liphook. (Tel:Liphook 3179)	Bramshott. Liphook. Conford. Hammer.	
Mrs.A.P.Oakley,S.R.N.,S.C.M., Moss Cottage, 7 Western Road, Liss. (Tel:Liss 3139)	Greatham. Liss.	
Mrs.J.M.Beaton,S.R.N.,S.C.M.,Q.N., 1 Privett Road, High Cross, Froxfield. (Tel:Hawkley 243)	Empshott. Colemore. Hawkley. Priorsdean. Oakshott.	
	Froxfield. Privett.	Miss E.J.Read, S.R.N.,S.C.M., H.V.Certificate, Church Cottage, West Meon, Petersfield. (Tel:West Meon 315)
Mrs.E.M.Percy,S.R.N.,S.C.M., 22 Queens Road, Petersfield. (Tel:Petersfield 676)	Langrish. Stroud. Sheet,Steep. N.Petersfield.	
Mrs.M.C.Lapper,S.R.N.,S.C.M.,Q.N., 153 The Causeway, Petersfield. (Tel:Petersfield 628)	Ramsdean. S.Petersfield. (part). Buriton.	
Miss E.M.May,S.R.N.,S.C.M.,Q.N., R.S.H.Certificate, 16 Glenthorne Meadow, East Meon. (Tel:East Meon 263)	East Meon.	
Miss E.Moore,(Relief District Nurse/Midwife) 2 Brook Cottages, High Street, East Meon. (Tel:East Meon 362)		
Mrs.L.Hampson,S.R.N.,S.C.M.,Q.N., Glendene, Catherington Lane, Horndean. (Tel:Horndean 2276) (General Nursing and Midwifery)	Clanfield. Hogs Lodge. Chalton. Horndean. Lovedean. Blendworth. Catherington. Rowlands Castle. Redhill. Finchdean. Idsworth.	Miss D.V.Alloway, S.R.N.,Q.N., R.S.H.Certificate 12 Green Lane, Clanfield, Portsmouth. (Tel:Horndean 2478)
Mrs.K.P.MacDonald,S.R.N.,(Relief Nurse) Rest Harrow, Uplands Road, Denmead. (Tel:Hambledon 406) (General Nursing Only)		
Mrs.A.H.Coomber,(Relief District Nurse/Midwife Horndean area.) 142 Catherington Lane, Horndean. (Tel:Horndean 2343)		

Nursing and Health Visiting in the homes and clinics (Continued):

The names of District Nurses, Midwives and Health Visitors, who are attached to Group Practices in the district are shown in the following table:-

Names and Addresses of Nurses and Midwives	Group Practices	Health Visitor
Miss M.E.Munro, S.R.N., S.C.M., Q.N., 20 Uplands Road, Rowlands Castle. (Tel: Rowlands Castle 469)	Dr.Southam. Dr.Wilkins. Dr.Wilson. Dr.Gould.	Miss I.Townsend, S.R.N.,S.C.M., Q.N.,H.V.Cert., Yoonecara, 53 Harvest Road, Denmead.
Miss E.A.Cox, S.R.N., S.C.M., Q.N., R.S.H.Certificate, 2 Nelson Crescent, Horndean. (Tel:Horndean 3448)		
Miss E.M.May, S.R.N., S.C.M., Q.N., R.S.H.Certificate, 16 Glenthorne Meadow, East Meon. (Tel: East Meon 263)	Dr.Creedy-Smith.	Miss E.M.May. (See Column 1)

Clinics:

The following Clinics are held at the County Council Health Clinic, Love Lane, Petersfield, (Tel:Petersfield 20). The services marked * are the responsibility of the Regional Hospital Board.

*Ophthalmic Clinic	Second Tuesday afternoon of each month and second and fourth Thursdays, morning only, by appointment.
Child Welfare Clinic	Wednesday mornings and afternoons.
School Clinic	By appointment.
Dental Clinic	By appointment (which can be obtained by telephone between 9.00a.m. and 9.15a.m.Telephone: Petersfield 954, Mondays to Fridays).
Speech Therapy Clinic	Tuesday afternoons by appointment.

Child Welfare Clinics:

The following Child Welfare Clinics in the Rural District are open for children under five years of age:-

Clinic	Hall	Afternoons
Clanfield	Memorial Hall.	1st Friday.
East Meon	Institute Hut.	1st and 3rd Thursdays.
Horndean	Nash Memorial Hall.	2nd and 4th Tuesdays.
Liphook	Village Hall.	1st and 3rd Tuesdays.
Liss	Village Hall.	2nd and 4th Mondays and 2nd and 4th Fridays.
Rowlands Castle	Parish Hall.	4th Friday.

Child Welfare Clinics (Continued):

The following clinics, situated in adjoining districts are available for children living near the boundaries of the district:-

Clinic	Hall	Afternoons
Alton.	Assembly Rooms.	Every Tuesday.
Cowplain.	St.Wilfred's Church Hall, Padnell Road, Cowplain.	Every Monday.
Grayshott.	Village Hall.	1st and 3rd Fridays.
Havant.	County Council Health Clinic, 4 Park Way.	2nd and 4th Tuesdays.
Headley.	Village Hall.	2nd and 4th Fridays.
Longmoor.	The Barracks.	2nd and 4th Mondays.
Oakhanger.	Village Hall.	3rd Friday (2.0p.m.-2.45p.m. only).
Petersfield.	Health Clinic, Love Lane.	Every Wednesday. Morning and Afternoon.
Selborne.	Village Hall.	1st Wednesday.
Waterlooville.	St.George's Hall, Hambledon Road.	2nd and 4th Thursdays.

The work of the voluntary helpers, who assist the medical and nursing staff at the Welfare Clinics, is greatly appreciated.

*Chest Clinics:

Queen Alexandra Hospital, Cosham, (Tel:Cosham 79451,Extension 114):

Mondays. 9.30a.m. - 12.30p.m. Old patients
1.30p.m. - 5.00p.m. Old patients

Wednesdays. 2.0p.m. Skin Testing.
2.0p.m. - 5.0p.m. Refills.

Dr.J.P.Sharp, the Chest Physician, is in attendance.

Royal Hampshire County Hospital, Romsey Road, Winchester, (Tel: Winchester 5151, Extension 347).

Wednesdays. 10.0a.m. - 12.30p.m. Old patients
2.0p.m. - 4.30p.m. New patients

Thursdays. 10.0a.m. - 12.30p.m.

Dr.A.Capes, the Chest Pysician, is in attendance.

Northfield Hospital, Redan Road, Aldershot, (Tel:Aldershot 20885/21365).

Mondays. 9.15a.m. Old patients.
11.0a.m. New patients.

Second Monday every month - Special Bronchitic Clinic.

One Monday every month - B.C.G. Session.
One Monday every month - Post B.C.G. Session.

*Chest Clinics:

Northfield Hospital, Redan Road, Aldershot, (Tel: Aldershot 20885/21365)

Tuesdays.	1.30p.m. - 3.0p.m.	Old and New Contacts Old patients Urgent New patients
Wednesdays.	First and third Wednesdays every month at Fleet Hospital - Old and New patients.	
Thursdays.	9.15a.m.	Old patients and urgent new patients.
	3.00p.m.	Old patients.

Dr.J.V.Hurford and Dr.D.J.ap Simon, are in attendance.

*Venereal Diseases:

Treatment is available at the following hospitals:-

Guildford - Royal Surrey County Hospital.

Males:	5.0p.m. - 7.0p.m.	Tuesdays and Fridays
Females:	3.0p.m. - 7.0p.m.	Mondays
	9.30a.m.-11.0a.m.	Thursdays

Portsmouth - St.Mary's Hospital:

Males:	10.0a.m. - 12.0noon)	Tuesdays and
	5.0p.m. - 7.0p.m.)	Thursdays
	10.0a.m. - 12.0noon	Saturday
Females:	5.0p.m. - 7.0p.m.	Mondays
	2.0p.m. - 4.0p.m.	Wednesdays
	10.0a.m. - 12.0noon	Fridays

Winchester - Royal Hampshire County Hospital - (Out Patients Annexe).

Males:	10.30a.m. - 12.0noon	Saturdays.
Females:	2.0p.m. - 4.0p.m.	Mondays.

SCHOOL HEALTH SERVICES:

*Orthopaedic Clinics:

Orthopaedic cases, requiring treatment, are seen by appointment from the Appointments Officer at each Hospital, at the following Clinics:-

Alton:	Surgeon's Clinic held at Lord Mayor Treloar Hospital on Fridays. Remedial Clinic held at Lord Mayor Treloar Hospital daily.
Havant:	Surgeon's Clinic, held at Havant War Memorial Hospital, on fourth Tuesdays, p.m. Remedial Clinic, held at County Council Health Clinic, 4 Park Way on Tuesdays, all day (except fourth Tuesday p.m. and Wednesdays all day.
Petersfield:	Remedial Clinic, held at Petersfield General Hospital as required.

*Ophthalmic Clinics:

Ophthalmic Clinics are held for school and pre-school children at the following places; attendance by appointment through the County Medical Officer:-

Havant: Held at County Council Health Clinic, Dunsbury Way every Monday morning staffed by an Ophthalmic Surgeon from the Portsmouth Eye and Ear Hospital.

Petersfield: Held at County Council Health Clinic, Love Lane, on the second Tuesday afternoon of each month and staffed by Dr.R.M.Cross and second and fourth Thursday mornings by Dr.C.W.W.Brown.

*Orthoptic Clinic:

Cases selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

*Ear, Nose and Throat Clinics:

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

In the northern part of the area, cases are examined and treatment carried out at the Haslemere Hospital or Guildford Hospital.

School Clinic:

This is held at the County Council Health Clinic, Love Lane, Petersfield, by appointment.

Speech Therapy Clinics:

Cases attend at the County Council Health Clinic, Love Lane, Petersfield, on Monday afternoons by appointment through the County Medical Officer.

Clinics are also held at the County Council Health Clinics at Park Way, Havant, Dunsbury Way, Leigh Park and Trafalgar Street, Winchester, by appointment through the County Medical Officer.

Child Guidance Clinic:

Cases are seen by appointment through the County Medical Officer, at the County Council Health Clinic, Dunsbury Way, Leigh Park; Manor Park Health Clinic, Aldershot, or Trafalgar House, Winchester.

Dental Clinics:

These are held for treatment of school children, pre-school children and expectant and nursing mothers by appointment at the County Council Health Clinic at Petersfield, at Mill Chase Secondary School, Whitehill, Bordon, and at schools and other premises as and when required. Two Dental Clinic Trailers are available for use in the area.

LIST OF CLINICS MOST ACCESSIBLE TO EACH PARISH

PARISHES	Child Welfare	Chest	Orthopaedic	Ear, Nose and Throat	Eye	Speech	Dental
BRAMSHOTT	Liphook Grayshott	Aldershot	Alton	Haslemere Guildford	Haslemere Petersfield	Petersfield	Petersfield
BURITON	Petersfield	Cosham	Petersfield	Petersfield	Petersfield	Petersfield	Petersfield
CLANFIELD	Clanfield	Cosham	Havant Petersfield	Petersfield Portsmouth	Petersfield Portsmouth	Petersfield Havant	Petersfield Havant
COLEMORE & PRIORSDEAN	Petersfield Selborne	Aldershot	Alton	Petersfield	Petersfield	Petersfield	Petersfield
EAST MEON	East Meon	Winchester	Petersfield	Petersfield Winchester	Petersfield Winchester	Petersfield Winchester	Petersfield Winchester
FROXFIELD	Petersfield Alton	Winchester Cosham	Petersfield	Petersfield	Petersfield	Petersfield	Petersfield
GREATHAM	Liss Longmoor	Aldershot	Petersfield	Petersfield Haslemere	Petersfield Haslemere	Petersfield	Petersfield
HAWKLEY	Liss	Aldershot	Petersfield	Petersfield Haslemere	Petersfield Haslemere	Petersfield	Petersfield
HORNDEAN	Horndean	Cosham	Petersfield Portsmouth	Petersfield Portsmouth	Petersfield Portsmouth	Petersfield Havant	Petersfield Havant
LANGRISH	Petersfield East Meon	Winchester Cosham	Petersfield	Petersfield	Petersfield	Petersfield	Petersfield
LISS	Liss	Aldershot Cosham	Petersfield	Petersfield Haslemere	Petersfield Haslemere	Petersfield	Petersfield
ROWLANDS CASTLE	Rowlands Castle	Cosham	Havant	Portsmouth	Havant Portsmouth	Havant	Havant
STEEP	Petersfield	Cosham	Petersfield	Petersfield	Petersfield	Petersfield	Petersfield

PREVENTIVE MEASURES

FOOD HYGIENE

Personal Hygiene:

In normal circumstances, we all wash our hands with soap and hot water before handling food and immediately after using the toilet. This practice is absolutely essential for everybody, for toilet paper is porous; and, once contaminated, the hands will leave bacteria behind on everything they touch. Licking the fingers or touching the hair, lips or nose or a soiled handkerchief cancels the benefit of a previous wash. Short nails are more easily kept clean. "No touch" technique should be practised whenever possible; where handling is an essential process, germicidal creams, applied after careful handwashing, have been found effective.

Precautions:

It should constantly be borne in mind by all concerned in the handling, preparation and storage of food - particularly by those who work in canteens or who serve food to large numbers - that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped canteens.

Any food handler should report to his employers:-

1. Diarrhoea or vomiting.
2. Septic cuts or sores, boils or whitlows.
3. Discharges from the ear, eye or nose.
4. Typhoid fever, paratyphoid fever or any other salmonella infection, dysentery or any staphylococcal infection likely to cause food poisoning or being a "carrier" of any of these illnesses.

Housewives and foodhandlers should cover, with a water-proof dressing, any exposed sore or wound they have - particularly on their hands and arms - as infections are quickly spread in this way. For a finger wound, a rubber fingerstall is a safe-guard while food is being handled.

Customers have now become more clean food minded and are more inclined to complain to the management when they notice any obvious unhygienic practices.

The hygiene standard of these shops and restaurants therefore lies to some extent in housewives' hands.

A high standard of hygiene is a benefit to food traders, for it attracts business; and it is of course all in the interest of the general public to encourage safer practices.

Cakes, boiled sweets, cooked food and vulnerable foods should be handled by tongs or servers and not fingered by the hands, for they are never clean enough safely to handle food of this nature.

Protection:

Vulnerable foods - which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared, but they act as ideal breeding grounds for any dangerous germs that gain access, and, if kept at warm temperature, the germs will multiply very rapidly.

Made up meat dishes and other vulnerable foods provide a perfect medium for the growth and multiplication of bacteria.

Special care and attention is needed in the selection, the handling and the storage of food in summer because bacteria multiply more quickly in warm weather - and the harmful ones cause food poisoning. Most of the family outbreaks happen in the summer time.

The ordinary group of food poisoning organisms (i.e. the Salmonellae) are killed at high temperatures, but the fact that a product is to be heat-treated is no absolute safeguard against any spread - as the infection is often carried from the raw material on the hands and utensils to some article of food in the same premises, which is either already cooked or not subject to heat treatment.

Prevention:

There is, however, another type of germ that it is not killed by heat and it does not require the presence of air for it to produce its toxins; so, as long as the temperature conditions are suitable and the intervals of time between the end of cooking and the consumption of food are sufficiently long for the organism to survive and breed, there is always a possibility of its giving rise to food poisoning.

This organism (Cl.Welchii) is not uncommonly found in meat, so, the sooner meat is eaten after cooking the less likelihood there is for cases of food poisoning from this source of infection to occur. As this organism is fairly widespread in nature, methods of prevention must be concentrated far more on care over cooking and storage. Statistics emphasise the importance of ensuring that the organisms in the meat - and particularly the heat resistant spores that have survived cooking - are given no opportunity to incubate. Cutting and other manipulation of meat in the raw state must be reduced to a minimum; and, if meat is to be minced, this should be done with as short an interval as possible before cooking.

As a general rule, meat - whether as cuts or in pies or stews - should be thoroughly cooked and eaten hot; if this is impossible, it should be cooled rapidly within 1½ hours of cooking and refrigerated until required. In any event, there should be the shortest possible time between cooking and eating in order to limit the number of organisms; for it is only when they have been allowed to multiply that trouble will occur.

The size of cuts is of some importance from the public health point of view; for the rate of penetration and loss of heat is proportional to the size of the joint. Meat, sliced after cooking, should be kept cold.

For minces, meat should be minced when raw and eaten freshly cooked; stockpots are a hazard, and the same chopping board should not be used for both raw and cooked meat.

Re-handled and re-heated meat is still the main villain of the piece. In fact, in 1961, two thirds of the outbreaks, traced to a specific cause, were associated with cold meats which had been re-handled, made-up meats (such as meat pies) and re-heated dishes (such as stews and shepherd's pie).

Prevention (Continued):

Soups, stews, gravies, pies, pease-pudding, etc., provide even better conditions for the multiplication of the germs than solid meat. Gravy should never be re-heated; soup and stock, if re-heated, must be boiled.

Pressure cooking must be considered one of the safest measures against the survival of spores.

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

Undercooking:

Apart from bacterial and toxin poisoning, which can be conveyed by undercooked food, there is the additional danger of worms and flukes being transmitted to man by eating infected meat, fish, shellfish or watercress.

Infected pork and pork products, when insufficiently cooked, can cause human infection with tapeworm or trichinosis; and undercooked beef, infected with tapeworm, can cause tapeworm in man.

Fluke disease, which is a serious disease in man, can be transmitted to him by eating infected watercress. In the prevention of this disease, housewives are warned not to buy watercress from casual sources and are advised to buy only from accredited traders.

Cattle should be kept right away from watercress beds and from streams passing through their pasture land.

Cooling and Refrigeration:

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day. Food poisoning organisms will multiply and produce food poisoning only if food is kept under certain temperature and moisture conditions over a period to time.

If meat is cooked and allowed to cool slowly in a warm or humid kitchen, or in a warm oven where it has been cooked, any germs, deposited on it from the hands, increase rapidly. Even warming it up later in a stew or mince may not be sufficient to kill off harmful bacteria. All food should be thoroughly cooked and, if not required for immediate consumption, rapidly cooled.

A well ventilated larder or suitable sited safe, preferable with a through-draught or fan, helps good and efficient cooling. A marble slab is invaluable for the cool shelf in a larder and, even here, the food must be carefully protected against flies.

As soon as it is cooled, meat can be placed in an icebox, or, better still, in a refrigerator, if available.

Refrigerators were frequently regarded as luxuries; but people are now more "refrigerator-minded" although often unaware of the important role it plays in the prevention of food poisoning.

Cooling and Refrigeration (Continued):

The three groups of bacteria - Salmonella, Staphylococcus and Clostridium Welchii - cause food poisoning only after growth and multiplication in the food.

Growth is prevented only at a refrigeration temperature of 4°C. or below.

Where cold rooms are not available, the hot meat should be left in a cool draughty place for 1½ hours before storage in the domestic type of refrigerator.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria, if they are present. It is, therefore, most important that vulnerable foods such as gravy, soup, stock, custard and cake fillings, on which food poisoning bacteria can increase easily, should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

It is not generally appreciated that the germs which commonly cause food poisoning do not necessarily alter the smell, taste or appearance of the food.

Practice:

The Chief Medical Officer to the Ministry of Health has stated:-

"The remedy is largely in the hands of caterers. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food; the risks are well known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the management responsible".

A high standard of hygiene for food traders is best obtained by observing the following simple rules:-

1. Protection of food from all sources of contamination (dust and droplet infection as well as from flies, cockroaches, rats and mice).
2. Personal cleanliness of "food non-handlers".
3. Proper storage and display of food at a safe temperature.

A recent report from the Public Health Laboratory Service on Food Poisoning in England and Wales, states: "Good hygiene and the exclusion from food handling of persons with septic lesions on the skin will not by themselves ensure the safety of such frequently implicated foods as brawn, pressed meats, ham and bacon, - the additional measure is refrigeration."

As a regular customer, the housewife can, however, influence traders by making it clear that she only chooses those who take special care to ensure the freshness and cleanliness and good storage of foods which they sell.

Protection of the public and family lies in personal hygiene, kitchen hygiene and the good management of the buying, storing, cooking and cooling of the food.

Practice (Continued):

Routine inspection of food premises is proceeding and any complaints received by this department are thoroughly investigated.

In this connection, the Health Department would be glad to receive from the general public complaints of unhygienic methods practised in any food shops.

Food Poisoning Statistics 1952 - 61.

(Public Health Laboratory Service).

Year	General Outbreaks	Family Outbreaks	Sporadic Cases	Total Incidents
1952	372	340	2,807	3,519
1953	492	422	4,363	5,277
1954	506	630	4,880	6,016
1955	612	723	7,626	8,961
1956	563	616	6,534	7,713
1957	473	501	6,097	7,071
1958	285	601	6,414	7,300
1959	295	666	6,885	6,428
1960	262	616	5,550	6,428
1961	229	490	4,668	5,387

Throughout the whole of the past decade, the most striking feature has been the enormous number of "sporadic" cases isolated. (For every recorded outbreak involving twenty or more persons there were approximately fifty isolated or familial infections).

Figures in the above table clearly show that, although the general outbreaks of food poisoning that occur in schools, canteens, hotels and restaurants, etc., have dropped appreciably over the past ten years, family outbreaks are still above the 1952 and 1953 figures. It is only fair, however, to point out that these have decreased considerably since 1954.

But this is no time for complacency, for these thousands of "incidents" represent many more thousands of people affected and show the need for more awareness amongst householders.

It is, however, very reassuring to note that, during 1961, there was a reduction of 16% over the 1960 food poisoning incidents. There has been a decrease in all types of food poisoning; in general outbreaks, a reduction of 12½%, family outbreaks 20½%, and sporadic outbreaks 15.9%. The improvements in public catering may well be reflecting some good results of health education. The greatest decrease (37%) was in incidents in which the causal agent was not discovered.

In 1961, two thirds of outbreaks, traced to specific cause, were associated with cold meats which had been re-handled, made-up meats (such as

meat pies) and re-heated dishes (such as stews and shepherd's pie). As in previous years, the articles of food most commonly incriminated were processed and made-up meats.

Processed meat was implicated in about half the outbreaks due to salmonellae and staphylococci and almost all the outbreaks due to Cl.Welchii.

There was a slight reduction (5%) in incidents due to salmonellae; but they are a continuing problem arising from the transfer of infection by human contacts or by equipment used in the preparation of the food.

The places, at which contaminated food was bought or eaten, were recorded in 72% of the general outbreaks; canteens and schools were frequently mentioned; but there was a notable reduction in the number of outbreaks in hospitals and institutions.

The organisms most commonly responsible for school outbreaks of food poisoning is Clostridium Welchii. Nearly half of the outbreaks (47.2%) in 1960 and (46.85%) in 1961 were due to this cause.

Only four school outbreaks were attributed to salmonella infection in 1961.

Statistics show that people are spending more on food than ever before; and one of the causes of food poisoning in families might be partly due to changes in our food habits. The wide variety of processed foods now available to the housewife - some partly prepared and some deeply frozen - are prepared in excellent and hygienic conditions, and are time and labour saving; but they can easily be contaminated and become a vehicle for food poisoning, if not propertly handled and stored.

It is also important to read the instructions carefully on labels of such foods and to comply with the directions for their treatment, cooking and storage.

HEALTH EDUCATION

The Central Council for Health Education has extended its information services to cover the ever widening field of public health.

It continues to supply the department with relevant facts and figures relating to topical subjects and specific problems.

Whilst the Food Hygiene Regulations may help to decrease food poisoning due to organisms other than salmonellae, there will be little difference in the general picture so long as the distribution of contaminated food stuffs is allowed to continue.

In recent years, the search for possible vehicles of infection in the United Kingdom has revealed hitherto unsuspected potential sources of Salmonellae:- American spray dried egg, Chinese and Australian crystalline and liquid egg albumen and liquid whole egg, dessicated coconut from Ceylon, bone meal and fish meal from Central Africa and the Middle East together with imported meats from various European countries.

These imported food stuffs (egg products, dessicated coconut, meats and animal feeding stuffs) have given rise to a vast reservoir of Salmonella infection.

Research is still proceeding; and it is pointed out that animal feeding stuffs and fertilisers are not, however, such important sources of human infection as are egg and meat products.

If egg and egg products, meat and meat products, and feeding stuffs and fertilisers could be protected from contamination with salmonella in the first place, or if all products likely to be contaminated with salmonella could be adequately heat-treated, the incidence of food poisoning would fall considerably.

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from salmonella infection; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons, as each of these species may carry the germ. But infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

"Prevention of salmonella food poisoning depends on knowing more of the potential sources of contamination and is a long term problem; otherwise the remedies for the elimination of food poisoning are simple and can easily be applied".

For the present, the public should note that fresh meat and fish, cooked and eaten when hot, fresh vegetables and fruit and pasteurised milk and canned foods of all kinds are seldom implicated in food poisoning.

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared several illustrated, coloured posters on the subject of food handling, which are a great asset when linked with routine inspection and supervision.

I am indebted to the Information Division of the Ministry for their help during the year.

BRUCELLOSIS

The cause of Human Brucellosis and Contagious Abortion in cattle is Brucella Abortus. Absence of abortion in a herd does not necessarily signify the absence of infection.

The true incidence of human brucellosis in Britain is unknown because the disease is not notifiable. But Dalrymple-Champneys, 1960,[1] estimated its approximate prevalence as 1,300 cases per annum and Bothwell et al. (1962)[2] supplied evidence indicating there is no "falling off" in known human cases in recent years and that infected raw milk is the most likely vehicle of infection.

Dalrymple-Champneys reported that only 236 of his 1,500 cases gave a history of occupational risk; whereas 885 (70.5%) had almost certainly been infected through the consumption of contaminated cows' milk or cream.

It has been demonstrated that there is an association between the consumption of brucella infected milk and a high incidence of infection amongst adults and children - much of which is subclinical.

In an excellent report on Brucellosis Control and Eradication by the Oxford Working Group (Bothwell et.al.1962), it was stated that at present (i.e. 1960/61) occupationally at risk groups account for 20 - 25 per cent of cases, when both rural and urban districts are taken into account. This figure may be as high as 50 per cent when rural cases are considered alone. They state that the crux of the problem is the infected animals in the dairy herd.

The main reservoir of brucellosis is the apparently normal cow excreting the organism after a full-term parturition.

Stopping the sale of milk from proven infected cows or enforcing the pasteurisation of milk in such cases is merely palliative and plays no part in eradication of disease in a herd. But it does at least eliminate the 70% human cases, quoted above, who have been infected through the consumption of raw milk.

As Brucellosis has no reservoir in man, elimination of the disease in cattle must result in elimination of human disease.

I am indebted to the Divisional Medical Officer, Cheshire, for most of the above summary.

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1. Dalrymple-Champneys, W. (1960). "Brucella Infection and Undulant Fever in Man". London, OUP.

2. Bothwell, P.W., McDiarmid, A., Bartram, H.G., Mackenzie-Wintle, H.A., and Williamson, A.R., (1962) Vet.Rec., 74, 1091 - 1100.

Brucellosis (Continued):

The Oxford Working Group and others have clearly pointed out that review of the present legislation in relation to brucellosis is well overdue. In fact, the position is so remarkable that it might almost have happened in Wonderland:

ALICE IS CURIOUS ABOUT MILK[3]

(With apologies to Lewis Carroll)

Alice was frankly worried. She had heard a lot about Brucellosis lately and wanted to know how she could be sure of not catching it from milk; so, in desperation, she finally turned to the Hatter for advice.

"I like milk; but I only like safe milk," she exclaimed emphatically. "What sort of milk should I get, Sir?" she enquired.

"T.T. milk of course," replied the Hatter, irritably. "Don't ask stupid questions?"

But that answer did not entirely satisfy Alice who was feeling in an argumentative mood.

"Why do I have to pay more for raw T.T. milk than for pasteurised milk that I know is safe? Everyone knows T.T. milk is a clean milk; but surely raw T.T. milk may have all sorts of germs in it?"

"You pay, of course, for the fun of the game. It's a gamble; if you are lucky, you will get an immunity - if not, you may get the disease."

"But I don't want to get Brucellosis, Scarlet Fever or any other milk-borne disease", said Alice peevishly.

"If you get one of those diseases and don't die, you'll get some immunity afterwards, so what's the difference? Let's change the subject", replied the Hatter impatiently.

But Alice wasn't going to be put off. "I simply can't understand why they put the cart before the horse, can you?" she asked, "If only they made Brucellosis of cattle a notifiable disease, the animal doctors would remove the infected cows; then their germs wouldn't get into the milk and give the disease to people with little or no resistance to it".

"Very clever", snapped the Hatter, "but don't you know the disease is also caught from the cows themselves?"

"All the more reason for finding and separating the infected cows", thought Alice. But she didn't want to offend the Hatter, so she said, as politely as she could, "Like most people, I don't work on a farm or have anything to do with cows and, in any case I am only asking about milk".

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3. Based on a letter to the Medical Officer, 9th Nov .1962. Page 296.

Alice had shot her bolt, and now she waited for his advice.

The Hatter shook his head and suddenly rocked with laughter, "I suppose you will be saying next that all milk should be pasteurised," he replied scornfully.

"Yes, of course, that's the answer," said Alice triumphantly. "Why ever did I not think of it myself?"

And she thought to herself, "Perhaps the Hatter is not quite so mad after all?"

A C C I D E N T S

(IN THE HOME)

More people are killed by accidents in the home than by accidents on the road, the fact is not really surprising since people spend more time in their houses; but it does mean that we must do everything we can to reduce home accidents.

Over 6,000 persons die annually in England and Wales as a result of accidents in their homes. Most fatalities result from four main causes - falls, poisoning, burns and scalds and suffocation, and of these, about 700 are due to burns and scalds.

More than four-fifths of the fatalities concern the young and the old, and as high a proportion as two-thirds involve infants under one year and elderly people of seventy-five and over who are prone to falls, gas poisoning and burns. The majority of home accidents are preventable.

Thermal Accidents: Statistics about non-fatal accidents are not available, but it is estimated that each year not less than 50,000 persons need hospital treatment for burns and scalds caused by domestic accidents and that about 80% of the deaths, resulting from extensive burns, are due to clothing coming into contact with the heating element or flame of an unguarded or inadequately guarded coal, gas, electric or oil heating appliance. "Open" fires are responsible for more fatal accidents than any other type.

Scalds are a much lower death rate than burns, but the incidence nearly equals that of burns and the degree of disfigurement or disablement may be equally severe. They occur most commonly in children under five years of age, and the most serious accidents result from children falling into buckets or basins if hot water is placed on the floor. They may also be caused by children pulling over themselves vessels, saucepans or pans containing hot fluids or fat or by pulling the flexes of electric kettles.

(Electric Blankets). The Fire Protection Association reports that, in the year ended June 1962, more than 7,000 fires were caused by electric blankets. They injured 61 people, two of whom died.

Most of the victims slept with the blanket switched on.

In spite of the fact that instructions are issued not to fold electric blankets, folding of blankets is given as the main cause of fires. The resultant creasing of the heating element can cause a short circuit or broken element.

The survey says fires have risen out of proportion to the number of blankets in use. They have risen from 11.6 per 10,000 in 1950, when 556,000 were estimated to be in use, to 13.7 per 10,000 in 1961-62 when the estimate in use was 5,557,000.

Burns and Scalds:

The Registrar General records that, during the year, 150 children aged 1-14 years lost their lives in their homes from this cause.

Burns and Scalds (Continued):

Deaths Due to Burns and Scalds in England and Wales.

(From the Registrar General's Quarterly Returns)

	1962		1961	
	Male	Female	Male	Female
1st Quarter	25	31	10	26
2nd Quarter	7	18	8	11
3rd Quarter	9	7	11	9
4th Quarter	18	35	14	17
	59	91	43	63

The Chief Medical Officer to the Ministry of Education reports:-

"Deaths in girls exceeded those in boys, and this is the only important category in which this reversal is found.

Although girls are more likely to be helping with cooking than boys, the most obvious cause is the difference in design and texture of girls' clothes. Day clothes are not so close-fitting, and the hem of a skirt can easily come into contact with an unguarded fire. The same can be said of night clothes as long as night dresses are preferred to pyjamas for girls.

Where the accident is not fatal, a child may sustain varying degrees of physical injury or of emotional damage and aesthetic defects may persist".

Preventive Measures: The majority of these burning and scalding accidents could be avoided, and, in spite of the publicity that has been given to the subject during recent years, the position has not MUCH improved.

While propaganda of all kinds plays a valuable part in prevention, it is the personal contact of doctors, nurses and social workers with the people in their homes that is likely to bring the most rewarding results.

Efficient Fireguards: The most effective simple way of reducing the number of serious burning accidents is by the use of the properly designed and fixed fireguard of the British Standard Specification. It forms a protection from burning or falling into an open fire, by children tampering with one, or by clothing accidentally brushing against a fire.

Safer Clothing: The most frequent cause of serious burns is clothing catching alight. The provision of fireguards for all types of fires and the choice of safer garments for women and children to wear will reduce these accidents. The flammable nature of nearly all fabrics currently in use makes the guarding of fires doubly important. Pyjamas are much safer than nightdresses, particularly for children. Full skirted party dresses and other loose flimsy garments also require special caution.

Safer Clothing (Continued):

It is now possible to buy children's clothing made of flame resistant material; you can also buy materials to make up yourself. It may be slightly more expensive, but surely it is worth spending about two shillings a yard more to prevent serious burns to young children.

Prevention of Scalding Accidents: Although in some cases, scalding accidents may be precipitated by the shape, design and use of the kitchen or by the form of domestic equipment, it is nevertheless clear that the majority of incidents are due to carelessness.

While the final responsibility for the prevention of burns and scalds in the home must rest with the householders, every authority, organisation and individual has something to contribute to the provision of safety in the home and it is only by the combined efforts of everyone that the incidence of burns and scalds can be reduced.

A C C I D E N T S
(ON THE ROAD)

For the first time since 1952, road casualties in Britain fell by 2% with 199 fewer deaths. The decrease was mainly due to a reduction in motor-cycle and pedal cycle casualties.

67% of deaths on the road were the result of head injuries.

(a) Motor Cycles:

Motor cycle casualties fell by 12% and pedal cycle casualties by 9% compared with 1961, but it may well be that many more people are taking to cars in preference to the seemingly more vulnerable motor-cycle.

90% of motor cyclists' deaths were from head injuries.

Injuries to Motor Cyclists.

	Killed	Serious	Slight
1954	1,148	15,847	35,536
1961	1,544	26,085	67,673
1962	1,323	24,256	61,034

It will be noted from the above table that the rate of increase in the number of deaths in 1961 compared with 1954 was considerably less than that of injuries. The reason for this lower rate of deaths may be because many more people were wearing safety helmets in 1961 and were therefore injured and not killed.

There was a pleasing reduction in all three categories of casualties during 1962; but the level is still very much higher than in 1954.

(a) Motor Cycles (Continued):

I am indebted to the Royal Society for the Prevention of Accidents for the figures of casualties to riders and passengers of motor cycles and mopeds in Great Britain.

The Road Research Laboratory has revealed that the wearing of a safety helmet reduces by 30% to 40% the risk of head injury.

A man on a motor cycle is about 18 times more likely to be injured than a man inside a car; and the damage is far greater.

(b) Motor Cars:

The number of deaths and serious injured in cars increased by 4%.

Casualties among users of goods vehicles rose by 9%.

Car Seat - Belts:

A recent report* on an analysis of the injuries sustained by car occupants, by two members of the Road Research Laboratory, gives details of 600 car accidents in which 837 drivers or front seat passengers were wearing seat-belts.

The following is an extract from the article:-

"The seat belts were of types approved by the British Standards Institution.

For purposes of comparison, the seat belts of different makes can be divided into four types:-

The full harness, the lap and diagonal with pillar fitting, the lap and diagonal with floor fitting and the diagonal only.

No fatalities are included and there are indications that slight accidents are not fully represented; but there is no reason to suppose that these defects affect the comparisons made.

All types of seat-belt were effective in reducing injuries to the user: when the seat-belts were worn, the percentage not injured was 66%; whereas, in the sample in which either the belt was not worn or there was no belt available, the percentage of persons not injured was only 32%.

The percentage of persons not injured while wearing a seat-belt was about the same for each of the different types of seat-belt, but there were slight differences in the pattern of the injuries:-

Where the diagonal belt was worn, injuries to the head and neck were slightly less than for the other types of belt, but injuries to the chest were slightly greater.

A single diagonal belt, which has one anchorage on the door pillar and one on the floor, usually provides more restraint

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* "The Practitioner" September 1963 Vol 191. by R.D.Lister and Barbara M.Milson.

Car Seat - Belts (Continued):

for the upper part of the body than belts that have all-floor anchorage points. Injuries involving the head are therefore less likely with the single diagonal belt, but slight chest injuries are more likely.

Although the numbers are small, the lap and diagonal belt with a pillar fitting gives rise to a smaller proportion of serious injuries than the lap and diagonal with floor fitting.

The percentage of injuries to the legs and feet was practically the same for all types of seat-belt and was only slightly greater when either no belt was worn or there was no belt available, since the legs and feet are relatively unrestrained in each case.

The overall reduction in injuries through wearing the belt was 51 per cent. Serious injuries were reduced by about 80 per cent.

This survey shows that, in August 1962, about 7% of cars studied were fitted with seat-belts. Thus, in spite of the considerable benefits to be derived from their use, seat-belts are still not widely fitted and worn. "

A C C I D E N T S
(IN THE WATER)

During 1962, there were 690 deaths from drowning in Great Britain:- 79% were males, nearly one third were children under fifteen; and one in five was aged sixty-five or over.

In an excellent report on "Drowning", Dr.C.A.Boucher of the Ministry of Health has emphasised the following important facts:-

"It is maintained that inland waters - particularly rivers, canals and quarries - constitute a greater danger, especially to children, than coastal waters. The Coastguard Section of the Ministry of Transport reported small-boat and bathing incidents in 1961 in which 736 persons were involved and 90 were drowned."

The case histories of the Royal Humane Society suggest that non-swimmers are usually the victims and make it clear that panic is the greatest danger to survival.

In a survey of entrants into the Royal Navy, recruits to the Army and students in training colleges, two thirds were unable to swim. At the same time, two out of three children who left school were also found to be unable to swim.

PREVENTION: Prevention of drowning accidents depends on education stressing the dangers of water, particularly of deep or swiftly flowing water. Water safety should be as widely taught to children as road safety. Parents should encourage their children to learn to swim.

PREVENTION (Continued):

The Headmaster of Petersfield Secondary Modern School states that only 34 children attending his School could swim one length at the commencement of Summer Term 1962. At the end of the term, 120 children could swim that distance.

Equally important is the fact that a far greater number of children had learnt to swim a few strokes.

The Royal Society for the Prevention of Accidents has published a Water Safety Code and, for those who sail, a booklet entitled "Safety Afloat".

According to "WHICH" -

"A good life-jacket will not only keep you up, with your face and nose clear of the water; it will turn you over, within a few seconds, into the safest position - that is, on to your back and leaning back at an angle of roughly 45°, your feet down in the water, your face well out of it....."

This position - at 45° to the surface of the water - tends to prevent the head from falling forwards and is a good compromise between the vertical and horizontal. In a vertical position, waves will cause periodical immersion of the head and possibly sea sickness; while, in an horizontal position, the tongue may block the throat.

According to British Standards Institution:- "Any life jacket made to BS3595 and bearing the kite-mark will be of a very high standard indeed. We hope that, by next spring (1964), several kite-marked jackets will be on the market, and that yachtsmen will equip themselves only with these approved models."

A First Aid Supplement on Emergency Resuscitation has recently been published by the St.John Ambulance Association, the British Red Cross Society and the St.Andrews Ambulance Association.

A C C I D E N T S

(CHILDHOOD DEATHS)

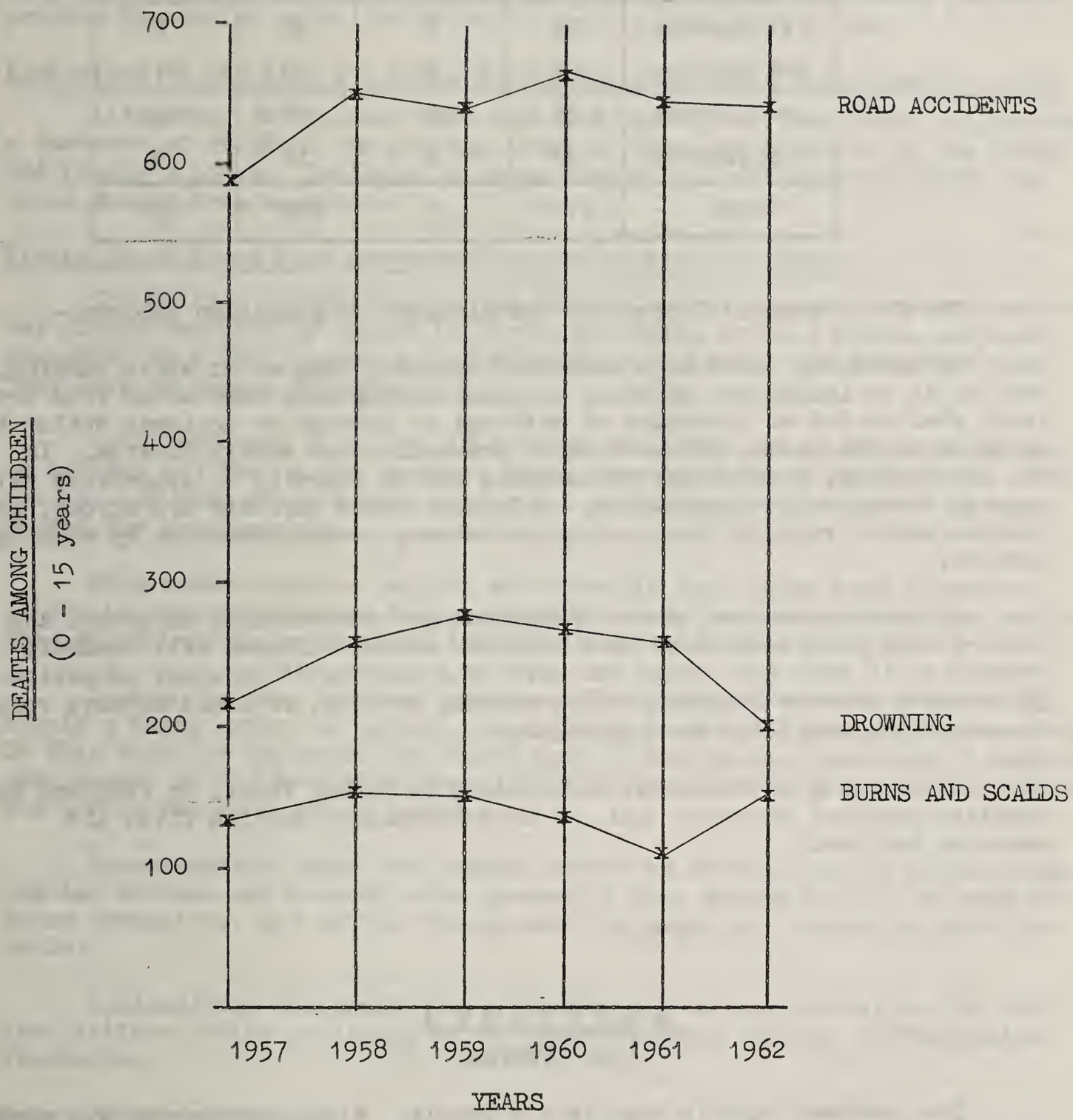
Accidental deaths in childhood (0-15 years) account for 39% of all deaths in this age group and also for more deaths than any single disease.

They must be attributed mainly to inadequate supervision; but carelessness, thoughtlessness, apathy and lack of knowledge of the adults in charge, all play their part.

The greatest effort in prevention is needed against road accidents, burns and scalds and drowning.

The following record of the number of child deaths over the last six years emphasises the need for far more vigilance on the part of those

responsible for their training, care and supervision.



DROWNING:

During the year, 200 children lost their lives as a result of drowning.

Drowning can occur at home, but this is usually in infants in the first year of life, in the bath; it is quite a different problem from drowing outside the home.

Drowning (Continued):

Deaths due to Drowning in England and Wales 1962 and 1961

	1962		1961	
	Male	Female	Male	Female
1st Quarter	35	3	38	8
2nd Quarter	57	8	67	11
3rd Quarter	65	10	86	23
4th Quarter	20	2	18	3
TOTAL	177	23	209	45

The Chief Medical Officer of the Ministry of Education reports:-

"A child may drown as a result of entering deep water while bathing, when he is an inadequate swimmer; or from falling into deep water from dry land, when he had no intention of bathing; or through an accident whilst he is in or on the water, the methods of prevention are widely diverse. In the first group, proficiency of swimming and in learning to appreciate water hazards should reduce casualties. In places where currents are strong, or beaches shelve rapidly, the inadequate swimmer needs protection by warning notices.

On bathing-beaches, where conditions are occasionally dangerous and beach-guards are provided to warn bathers, school children will commonly respond as if they were under the care of a teacher of physical education. This safety measure is likely to be wasted, however, if adult bathers refuse to accept the advice of the beach-guard.

In the case of drowning, an accident is either fatal, or followed by complete physical recovery; and, in many instances, skilled first aid measures suffice."

A C C I D E N T S

(OLD PEOPLE)

The accident rate is high in old people. With increase in age, physical and mental deterioration may reduce the capacity to co-ordinate thought and action. Some old people become fatigued, forgetful or absent minded, and these psychological features may be accompanied by physiological changes, failing vision, impaired hearing and sense of smell, and muscular weakness and the infirm and the handicapped are liable to accidents through inexpert handling of heating and lighting appliances and inability to avoid obvious hazards. Falls account for nearly two-thirds of fatal home accidents and nine-tenths of these fatalities affect people of sixty-five and over.

OLD PEOPLE'S WELFARE

In this Area, the Old People's Home, under the control of the County Council, which provide accommodation for about fifty-eight old people from all parts of the County, is Coldharbour Wood, Rake, (Telephone: Liss 2326).

I am indebted to Mr.F.J.Bryan Long, County Welfare Officer, for the following information on the County Council's Scheme for permanent and short stay accommodation in Old People's Homes, and for placing elderly people in private households under the County Council's Placement Scheme.

Admissions to Old People's Homes during the year ended 31st December, 1962.

Altogether 247 persons were admitted during the year, this represented a turnover of 28.8% of the average total of 857 beds provided in the County Old People's Homes. Included in these admissions were 85 or 34.4% of the total direct from hospital.

Provision of Short Stay Accommodation in Old People's Homes.

The Welfare - Committee of the County Council operate a scheme whereby any places temporarily vacant in the County Homes for old people are made available to elderly persons to enable the relatives or friends with whom they live to take a holiday.

Such temporary vacancies arise when residents are in hospital or away on holiday and when a new resident needs time to clear up his affairs. Some use is also made of sick bays during the summer months when there is less demand for nursing care.

This scheme enables people, who normally look after aged relatives, to obtain temporary relief from responsibilities they have undertaken whilst they go on holiday or occasionally when they themselves are ill.

During the year 1962, altogether 128 old people were admitted to Old People's Homes under the scheme, in addition to the 247 permanent admissions. In this district (Petersfield) there were 12 admissions (including 5 temporary admissions) to Old People's Homes. In addition 159 visits were paid to aged and infirm and handicapped persons.

Accommodation under this scheme cannot be offered to old people needing regular medical and nursing care; generally they should be able to wash and dress themselves, get to the dining room for meals and attend to their own toilet.

Applications for short stay admission may be made either to the local Area Welfare Office or direct to the County Welfare Officer at The Castle, Winchester.

County Placement Scheme.

The Welfare Department first began a "home finding" scheme in 1952. It is a scheme for placing elderly people, who are active enough not to need constant care and attention, in suitable private accommodation; and it is proving very successful in maintaining the independence of old people and in finding suitable accommodation for them.

County Placement Scheme. (Continued):

There are many old people today living alone who may have accommodation which they would be glad to share with an elderly person, and whose companionship would enable them to live a fuller life and offset loneliness.

No average charge figure is available. Terms are negotiated separately in each case in the light of the standard of accommodation and services offered, the financial resources of the applicant and any other relevant factors.

Foster homes are found through press advertisements and contacts through voluntary and statutory bodies.

Foster homes are found mainly on a short stay basis, but considerable numbers of people are permanently boarded. Some old people often share a home with another. Alternative action to boarding out is considered when applications are made. Visiting is done by County Welfare Officers. A geriatric social worker has been appointed to co-ordinate and develop the Placement Scheme and to specialise to a greater degree in bringing together people with similar interests. It is also intended to make follow-up friendly visits to give advice and practical assistance to assure them that somebody is available to help them solve their problems.

Chiropody Service:

Very good Chiropody services have been established for old people by the British Red Cross Society, the Hampshire Council for Social Service and the numerous local Old People's Welfare Committees.

The Minister of Health has suggested that, at this stage, priority should be given to the elderly, the physically handicapped and expectant mothers, and that Local Health Authorities might wish to develop their Schemes by using existing voluntary services.

The Hampshire County Council will make grants to both the British Red Cross Society and the Hampshire Council of Social Service; and the latter will make small grants to the various Local Old People's Welfare Committees.

Further development of the Chiropody Service in relation to the physically handicapped and expectant mothers will be dealt with through the British Red Cross Society.

Marie Curie Memorial Foundation:

The above Foundation operates a scheme whereby help can be given to meet the urgent needs of necessitous cancer patients being nursed at home.

The County Medical Officer has been appointed as agent for the County Scheme which will provide these patients with help 'in kind' (e.g. linen, bedding, laundry necessities, special equipment for the comfort of the patient etc.).

Home Help Office:

The Home Help Divisional Office is situated at the rear of the Town Hall, Petersfield (Telephone Petersfield 771 Extension 18) and is open Mondays to Fridays, 9. a.m. - 12 noon, when Mrs.Holmes or her clerical assistant Mrs.Wilson will be available. Application for Home Help should be made to this office. Urgent messages can be left at the Town Hall up to

Home Help Office (Continued):

5.30p.m. Monday to Friday; evenings and week-ends Telephone Horndean 3516.

The area covered by this Division consists of Petersfield Urban and Rural Districts, Droxford Rural District, and Alton Urban and Rural Districts.

INTERNATIONAL TRAVEL

Travellers from abroad, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors' notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

Passengers undertaking international travel must be in possession of certain vaccination certificates, depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

All persons travelling from any place in Asia, Africa or the Americas, (excluding Canada and the U.S.A.) or from any smallpox-infected local area wherever it may be, are now required to produce a valid International Certificate of Vaccination against smallpox on arrival in the country.

The International Sanitary Regulations, 1956, specify the following periods for the validity of international certificates of vaccination:-

Type of Vaccination.	Validity (after date of Vaccination or inoculations)	
	Begins	Ends
Smallpox - primary vaccination.	8 days	3 years
Smallpox - re-vaccination.	At once	3 years
Cholera - primary vaccination.	6 days	6 months
Cholera - re-vaccination.	At once	6 months
Yellow Fever - primary vaccination.	10 days	6 years
Yellow Fever - re-vaccination within six years	At once	6 years

Smallpox vaccination within the previous three years is required before entry into many countries.

Yellow fever inoculation during the preceding six years is required before entering or passing through regions of Central and South America or Africa, designated as "Yellow Fever Receptive Areas".

For travel into or through countries where cholera is endemic (India, Pakistan, Burma, etc.) immunisation against cholera within the preceding six months may be required. But the health authorities of some countries vary these periods and details of immunisation requirements can be obtained from the airline or steamship company concerned, or from the Consulates of the countries to be visited.

Persons, who are required to be vaccinated or inoculated against more than one disease, are advised to tell the doctor of all the vaccinations or inoculations needed as they may have to be done in a particular order with certain minimum intervals.

The vaccinations against smallpox and cholera must be recorded on the international certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation, authenticated and stamped at the office by the Health Department of the District.

The international certificate forms for smallpox and cholera vaccinations must be obtained (by the traveller himself) from the travel agency

or Ministry of Health; those for yellow fever are obtained at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at The Health Centre, Kings Park Road, Southampton, once a week (on Wednesdays) and the traveller is advised to make an appointment by telephone - Southampton 23788.

SMALLPOX VACCINATION

The speed of air travel makes the task of preventing the imported case of smallpox particularly difficult; so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

Outbreaks of smallpox in this Country generally arise from the importation of the disease from abroad; smallpox may be introduced into this Country in an insidious way through the entry of persons in apparent good health, but in whom smallpox is incubating.

In such circumstances, the disease - modified by vaccination - has often gone unrecognised until it has appeared in classical form in others exposed to infection.

For the period - December 1961 to April 1962 - there were no less than five separate importations of smallpox to this Country, from Karachi where a considerable epidemic existed from November 1961 to February 1962. At the same time, large numbers of Pakistani immigrants were travelling here by charter flight and at minimal fares.

In these outbreaks, there was a total of 67 cases with 26 deaths giving a fatality rate of 39% - some indication of the lethal nature of smallpox, a disease for which there is no specific treatment.

The basis of smallpox control is to isolate the case, seek out and vaccinate all contacts, and keep them under effective surveillance.

Indiscriminate mass vaccination has seldom any value in the control of a smallpox outbreak. While it may be difficult for the public at large to resist the temptation to ask for vaccination whenever an epidemic threatens, it must be appreciated that any demand for wholesale vaccination will only result in diverting the medical manpower from its main line of attack - namely, the tracing, vaccination and surveillance of contacts.

In an emergency, available lymph should be used for the vaccination of contacts (who should receive first priority), of babies, and of travellers abroad.

There is no evidence to justify the suggestion that outbreak control alone would necessarily prove effective in an unvaccinated population; so routine vaccination should continue in early childhood.

For some years, the low acceptance rate and the resulting lack of protection to the individual and the community has caused much concern; the aim should be to see that every healthy infant is vaccinated - not only because routine vaccination in early life is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the extent of immunity against this disease is not sufficient to prevent an epidemic.

Vaccination protects the individual from smallpox in most instances for several years and can be expected to modify the severity of the disease and reduce the risk of death for a much longer period.

The Ministry of Health recommends routine primary vaccination in the first two years (preferably in the second year) for all infants except the few in whom the well-defined contraindications to routine vaccination exist.

The importance of primary vaccination as a routine is that the antibody response to revaccination, when persons are placed at risk, is likely to be more rapid and to reach a higher level than can be attained by primary vaccination. In other words, the boosting stimulus of revaccination will ensure a rapid and high level of immunity to smallpox infection.

If the first vaccination is put off until adolescence or later, there may be a slight risk; and, since many persons will need to be vaccinated at some time, it is highly desirable that this should be done early in life - if only as an insurance against possible untoward effects of vaccination later on.

Smallpox is no longer endemic in Europe and the chance of the individual stay-at-home Englishman ever encountering it may be remote, but not everyone remains at home and vaccination is often a pre-requisite for travel or for entry into many countries, as well as an essential for persons protection in those areas in which smallpox is endemic. It is necessary in certain types of employment within this country and obligatory for service with the Armed Forces.

So, the probability is that for one reason or another a substantial number of residents in this country will find it desirable to be vaccinated on some occasion during their lives.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children between the ages of eight and twelve years not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local out-breaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination carried out at school age, is practically trouble free; and this procedure, done as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chance of rapid spread of smallpox. So it is hardly surprising that the Ministry is now strongly urging that re-vaccination of school children should be encouraged.

It is unfortunately something of a paradox that the application of preventative measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

During the year, 2,543 vaccinations against smallpox were carried out:-

Vaccination	Pre-school Children	School Children	Over 15 years of age
Primary	407	212	235
Re-vaccination	84	489	1116
TOTAL	491	701	1351

DIPHTHERIA IMMUNISATION

The following information has been based on reports from the Ministry of Health and Registrar General and on pamphlets issued by the Central Council for Health Education.

England and Wales	1957	1958	1959	1960	1961	1962
Cases	37	80	102	53	52	16
Deaths	4	8	-	5	10	2

It will be noted from the above table that the incidence of diphtheria has fallen considerably since 1959; in fact, this is the lowest figure recorded since the introduction of compulsory notification of this disease. But two of the sixteen cases died - a fatality ratio of 12.5 - which underlines the substantial risk of death to those who become ill with diphtheria.

It will be seen that there was also a rise in mortality in 1961. All these facts remind us that this disease is still a "Killer" and could again become a serious menace.

During 1962, the only outbreak was in Glamorgan, where cases occurred. The difficulty created by such an outbreak is illustrated by the fact that 147 "carriers" were discovered during the investigation in Glamorgan. These were admitted to hospital and treated to eliminate their carrier state.

Diphtheria Immunisation (Continued):

None of the confirmed cases of diphtheria in 1962 had been effectively immunised against that infection; indeed, only three had had any anti-diphtheritic inoculation at all.

For some years; attention has been drawn to the serious position that would arise if a high level of immunisation of children is not reached and, thereafter, maintained.

Before the nation wide Immunisation Campaign was started in 1943, the average incidence was 50,000 a year. The scheme quickly got under way and resulted in a steady drop in the number of cases until 1958. Although complete eradication of the disease from an area where cases occur endemically is not an easy matter, there is evidence that there are good prospects for maintaining freedom - once it has been gained - if only immunisation is generally accepted.

Experience over the last few years has shown that in school communities where immunisation rates are low, diphtheria infection, when once introduced, can gain momentum and lead to an outbreak. The need for early immunisation and for booster doses is therefore stressed.

A more complete protection in the under 5 age group would soon cause reduced incidence in the early school (5-9) age group and the disease might well be almost eliminated. Only if an adequate level of immunisation is maintained , can diphtheria be driven altogether from this country.

The great majority of parents nowadays have never known or heard of a case of diphtheria among local children and are more afraid of illnesses they know; but, if they leave their children unprotected, they may gain knowledge of this disease from personal experience.

Complacency, resulting from what has already been achieved, or loss of interest in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return of high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease - except for the occasionally imported case.

Authorities recommend that all children should be immunised before their first birthday and should receive a booster or re-inforcing dose just before entering school, and again when they are about ten years old. If immunisation is carried out before the age of six months, an extra booster is advised at fifteen to eighteen months.

Immunity against diphtheria takes several weeks to develop; but a booster given to those, who have been inoculated earlier in life, will produce rapid protection.

It is, therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Diphtheria Immunisation: (Continued).

The Ministry of Health reported that the percentage of children in England and Wales, who may be regarded as "remaining protected against diphtheria" during the past two years, are as follows:-

Age Groups	1961	1962
Under 5 years	64%	65%
Under 15 years	51%	54%

In this District, 64.3% of the children born during the year 1961, were immunised before they attained the age of one year.

Children up to five years of age are the most susceptible; but all school children should be immunised.

During the year, 449 immunisations against diphtheria were carried out:-

Immunisations	Pre-School Children	School Children
Diphtheria - Primary	-	-
Diphtheria - Re-inforcing or "Booster"	-	5
Whooping Cough alone	-	-
Diphtheria/Tetanus combined "Primary"	-	7
Diphtheria/Tetanus "Booster"	2	28
Triple - Primary	280	11
Triple - "Booster"	20	96
TOTALS	302	147

Children may be immunised by their own doctors, or at the following Child Welfare Clinics:-

(a) Within the District -

Clanfield, Horndean, Liphook, Liss and Rowlands Castle.

(b) In the adjoining Districts -

Alton, Grayshott, Headley, Petersfield, Waterlooville and Stockheath.

WHOOPING COUGH IMMUNISATION

At the beginning of 1955, the Hampshire County Council's Scheme for Whooping Cough immunisation began operating throughout the whole of Hampshire.

The scheme includes combined immunisations against whooping cough and diphtheria, and triple immunisation against whooping cough, diphtheria and tetanus; it also provides for immunisation against whooping cough alone under the age of five years.

Combined whooping cough and diphtheria immunisation with or without tetanus is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisations against three infections.

Whooping cough immunisation is generally advised early - at about the third or fourth month.

POLIOMYELITIS VACCINATION

In May 1956, the County Council's scheme for poliomyelitis vaccination of children, born in the years 1947-54, began in selected areas of Hampshire. The age limit was extended in 1957 and 1958, and by 1959, the age group for registration was raised to twenty-six and the vaccinations were carried out as supplies of vaccine became available.

In February 1960, it was further extended to include persons up to the age of forty years of age.

In April 1961, arrangements were made for fourth injections of Salk vaccine to be offered to children between five and twelve years of age.

In February 1962, oral vaccine was made available for the routine immunisation of special groups as an alternative to the inactivated Salk vaccine.

During the year, 1,517 vaccinations against poliomyelitis were carried out.

SALK VACCINE			
Age	Primary	Booster	Fourth Injection
0 - 4 years	136	162	
5 - 15 years	21	75	178
16 - 28 years	34	63	
29 - 39 years	38	154	
40 + (and special risk groups)	15	57	
TOTALS	244	511	178

Poliomyelitis Vaccination (Continued):

ORAL VACCINE			
Age	3 doses	Re-inforcing Doses After 2 of Salk	Re-inforcing Doses After 3 of Salk
0 - 4 years	127	80	9
5 - 15 years	12	24	231
16 - 28 years	11	19	1
29 - 39 years	17	40	-
40 + (and special risk groups)	8	5	-
TOTALS	175	168	241

The success of this scheme is due not only to the general practitioners, who have given practically all the inoculations, but also to the parents who have so wisely seized the golden opportunity.

Personal Precautions against Poliomyelitis:

The World Health Organisation has issued six points for the personal protection of the public against Poliomyelitis.

The six rules for the individual to observe are as follows:-

1. Wash hands frequently, especially before eating.

2. Protect food from flies; thoroughly wash uncooked food, such as fruit and vegetables.

3. Avoid intimate assoication, such as shaking hands, with families in which poliomyelitis has occurred within three weeks.

4. Treat feverish illnesses with caution; bed rest, or at least avoiding over-exertion for a week is advisable.

5. Avoid over-exertion.

6. Avoid unnecessary travel to and from communities where the disease is prevalent.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Notifiable Diseases:

Particulars of cases of Infectious Diseases which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table:-

Notifiable Diseases (Continued):

Diseases	Total cases notified	Rate per 1,000 of the Estimated Population	
		Petersfield R.D.	England and Wales
Scarlet Fever	1	0.04	0.32
Dysentery	8	0.33	0.65
Measles	4	0.17	3.9
Puerperal Pyrexia	2	0.08	0.15
Whooping Cough	7	0.21	0.17

An analysis of the total notified cases according to age groups is given below:-

Age Group	Scarlet Fever	Measles	Whooping Cough	Puerperal Pyrexia	Dysentery
Under 1 year	-	-	1	-	-
1- 2 years	-	-	1	-	-
2- 3 years	-	1	-	-	-
3- 4 years	-	-	1	-	-
4- 5 years	-	1	1	-	1
5-10 years	1	1	3	-	4
10-15 years	-	-	-	-	3
15-20 years	-	1	-	1	-
20-35 years	-	-	-	-	-
35-45 years	-	-	-	1	-
45-65 years	-	-	-	-	-
Over 65 years	-	-	-	-	-
Age unknown	-	-	-	-	-

There were no cases of Meningococcal Infection, or Poliomyelitis.

The following table shows the number of cases of Infectious Diseases notified during the year and the parishes in which they occurred:-

Notifiable Diseases (Continued):

Parish	Scarlet Fever	Measles	Whooping Cough	Puerperal Pyrexia	Dysentery
Bramshott	-	-	-	-	-
Buriton	-	-	-	-	-
Clanfield	1	-	-	-	-
Colemore & Priorsdean	-	-	-	-	-
East Meon	-	-	-	-	-
Froxfield	-	-	-	-	-
Greatham	-	-	-	-	-
Hawkley	-	2	-	-	-
Horndean	-	1	7	-	8
Langrish	-	-	-	-	-
Liss	-	-	-	2	-
Rowlands Castle	-	-	-	-	-
Steep	-	1	-	-	-
TOTALS	1	4	7	2	8

Analysis of Scarlet Fever Cases according to Parish.

Parish	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Clanfield	-	-	-	-	-	-	1	-	-	-	-	-
TOTALS	-	-	-	-	-	-	1	-	-	-	-	-

TUBERCULOSIS

The total number of cases on the Register on 31st December, 1962, was two hundred and ninety seven. Of the fourteen additions to the Register during the year, six were transferred to this area from other districts.

Tuberculosis (Continued):

The apparent increase in the incidence of tuberculosis is misleading, but there is no cause for alarm, as there were only four new cases notified among the normal residents; the remaining notifications were in respect of patients who were at a Chest Hospital at the time of notification.

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1962:-

	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Number on Register at the beginning of the year (1962)	148	94	242	24	33	57
New additions to the Register during the year	8	5	13	1	-	1
Removals from the Register during the year	10	5	15	1	-	1
Number on Register at the end of the year (1962)	146	94	240	24	33	57

Analysis of new cases and deaths according to age groups:-

	New Cases (including transfers)				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 1	-	-	-	-	-	-	-	-
2 - 5	-	-	-	-	-	-	-	-
6 - 15	-	-	1	-	-	-	-	-
16 - 25	3	-	-	-	-	-	-	-
26 - 35	3	2	-	-	-	-	-	-
36 - 45	1	-	-	-	-	-	-	-
46 - 55	-	-	-	-	-	-	-	-
56 - 75	4	3	-	-	1	-	-	-
Over 75	-	-	-	-	-	-	-	-
Age Unknown	-	-	-	-	-	-	-	-
TOTALS	8	5	1	-	1	-	-	-

Tuberculosis (Continued):

Analysis of removals from the Register:-

REMOVALS	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Recoveries	6	2	8	-	-	-
Deaths	1	-	1	-	-	-
Transfers	4	2	6	1	-	1
TOTALS	11	4	15	1	-	1

No action was taken in 1962 under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade) or Section 172 of the Public Health Act, 1936, (relating to compulsory removal to hospital of persons suffering from Tuberculosis).

SCABIES

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic. Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously - whether or not they complain of "The Itch" and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

PEDICULOSIS

Cases of pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Love Lane, Petersfield, by appointment.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

NATIONAL ASSISTANCE ACT, 1948.

No action was taken under Section 47 of the National Assistance Act, 1948, during the year in connection with the removal to hospital of persons "who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention."

CITIZENS' ADVICE BUREAU

The local office of the Citizens' Advice Bureau, which is under the auspices of the National Council of Social Service, is in the Town Hall Annexe at the rear of the Town Hall (Telephone: Petersfield 749).

The office is open Monday to Friday from 9.0a.m. to 12.30p.m. and from 2.0p.m. to 4.30p.m. On Saturday, it is open from 9.0a.m. to 12.30p.m.

RURAL DISTRICT COUNCIL OF PETERSFIELD

Public Health Department,
The Old College,
Petersfield,
Hampshire.

To the Chairman and Members
of the Petersfield Rural District Council.

I beg to submit my Annual Report for the year 1962 on the sanitary circumstances of the area and the duties for which I am responsible.

This was basically a year of consolidation. There were no startling developments but a steady advance under all main headings of environmental hygiene.

Although the position regarding main drainage has greatly improved since 1945 and the principal villages are sewered, or have schemes in progress, there are still a number of areas which present drainage problems and for which main drainage is the ultimate answer.

The number of complaints about food seem to be on the increase. We seek a reason for such a trend (if trend it is) and I wonder whether it is a result of an increase in movement between various retail industries.

Mostly complaints arise out of ignorance on the part of staff of basic rules of food handling or storage. How can one be surprised when a counter hand, who has never been connected with the food industry, is suddenly "thrown in at the deep end" without any instruction at all in food handling?

Supervision of individual caravans and small multiple sites presented no great problem, although it took up a lot of time; but the preparation of site licence conditions in respect of larger sites proved both difficult and time consuming.

The submission of samples to the Public Health Laboratory was continued and the results emphasise the value of this aspect of preventive work.

The spate of legislation and increasing complexities of Local Government demand the closest co-operation between departments and individuals and I am grateful for all the help given.

Alvan.

Chief Public Health Inspector.

SANITARY CIRCUMSTANCES OF THE AREA

Water:

Supplies from all sources proved adequate during the year and there was no shortage of main water.

The Water Undertakers of the Rural District are:-

(a) The Portsmouth and Gosport Water Company, 26 Commercial Road, Portsmouth, which supplies the parishes of Clanfield, Horndean and Rowlands Castle, and

(b) The Wey Valley Water Company, Farnham, Surrey. This Company now supplies the remaining parishes.

Out of 7,766 hereditaments the following houses are the only ones which do not have a Company's mains supply tap indoors.

External standpipes (mains) (123 of these are caravans)	142
Rainwater	20
Ram	3
Spring - (These are all from the same estate supply)	7
Well - (Nine of these are a private chlorinated piped supply)	45

Fourteen other dwellings have unsatisfactory supplies but these are the subject of formal housing action which will ensure that they are dealt with before the houses are re-occupied.

We receive copies of bacteriological and chemical examinations of supplies of both rain and chlorinated waters in the north of the area, but information regarding the southern parishes is obtained by direct sampling. Results were satisfactory. There are no sources in the south of the district.

The following table shows the distribution of mains water to the various parishes. Remoteness accounts largely for the comparatively few houses not yet served by a mains.

Parish	Number of Dwellings. on 31.10.63. (a)	Number in Column (a) served by MAINS: Direct to House (b)	MAINS: Stand-pipes (c)	Wells Springs etc. (d)	Population on 1.4.62. served on mains: Direct to House (e)	Stand-pipes (f)	Total (g)	Parish Population (h)
BRAMSHOTT	1505	1472	19	14	5736	55	5791	5832
BURITON	249	215	17	17	648	49	697	746
CLANFIELD	539	530	4	5	1571	12	1583	1597
COLEMORE and PRIORSDEAN	57	57	NIL	NIL	160	NIL	160	160
EAST MEON	318	304	NIL	14	1586	NIL	1586	1627
FROXFIELD	276	266	7	3	839	20	859	868
GREATHAM	145	141	4	NIL	429	13	442	442
HAWKLEY	147	142	1	4	441	3	444	456
HORNDEAN	2273	2209	59	5	5291	171	5462	5476
LANGRISH	93	93	NIL	NIL	315	NIL	315	315
LISS	1138	1120	17	1	3724	49	3773	3776
ROWLANDS CASTLE	640	627	12	1	1764	35	1799	1800
STEEP	318	305	2	11	807	6	813	835
	7698	7481	142	75	23311	413	23724	23930

Figures in column (g) are obtained by multiplying figures in column (d) by an average population per house (which was 2.9 in 1962) and deducting the result from column (h).

Figures in column (f) are obtained by multiplying figures in column (c) by the same figure (i.e. 2.9).

N.B. This table includes figures for Caravans and Moveable Dwellings.

Sewerage and Sewage Disposal:

The village of Clanfield and outlying districts of Horndean have been surveyed and a drainage scheme has been approved and submitted to the Ministry. Work on the scheme is expected to commence in 1964.

A scheme for the improvement of the Rowlands Castle Sewage Disposal Works is in the course of preparation.

Rivers and Streams:

The main rivers and streams are as follows:-

(1) The River Wey, which passes through Bramshott Parish and collects the discharge of water from Waggoners Wells.

(2) The River Rother, which passes through the Parish of Hawkley forms part of the boundary between Greatham and Hawkley and then passes through the Parish of Liss.

(3) The River Meon, which flows through the Parish of East Meon, and passes into Droxford Rural District at West Meon.

The district resolves itself into three separate drainage areas:-

(a) West Sussex River Board Area.

(b) Thames above Teddington Area.

(c) Hampshire River Board Area.

Rainfall:

Captain A.F.Coryton and Mr.W.J.Crouch have been good enough to let me have the following figures for 1962, taken in Greatham and Clanfield respectively. The average rainfall over the last ten years for Greatham was 33.17 inches.

	Greatham	Clanfield
January	5.45 (inches)	9.18 (inches)
February	.38	1.11
March	1.26	2.32
April	2.03	3.12
May	2.07	2.45
June	.37	.45
July	1.41	2.29
August	3.91	5.71
September	4.89	4.97
October	1.99	4.03
November	3.12	6.41
December	2.57	2.60
Totals for the year:	29.45	44.64

Pail Closet Emptying:

Pail closet contents are emptied Mondays and Thursdays in parts of the following parishes:-

Bramshott	Buriton	Clanfield	East Meon
Froxfield	Greatham	Hawkley	Langrish
Liss	Ramsdean		

Emptying is now carried out by the Cleansing Service (Southern Counties) Ltd., on behalf of the Council.

Public Cleansing:

Some roadside litter bins have been provided both by the highway authority and by this Council. In some cases this resulted in a marked improvement in the amount of litter on roadside verges, laybys and much frequented 'bus stops; but in other cases the results were disappointing.

By reason of the practical impossibility of providing public sanitary conveniences at frequent intervals on our roads, there has, for many years been a fouling of roadside land and the position becomes more acute year by year. Fouling, particularly near lay-bys and unofficial pull-ins is now a matter for some concern.

From one end of our district to the other, there is no sign on the trunk road A.3 indicating the presence or position of public conveniences and there is,in fact, only one of these available near that route viz. at Headley Road, Liphook. The sanitary conveniences in the Urban District are not sign-posted from the main road.

The Minister of Transport has said that the problem is a matter for Local Councils and not one for the highway authorities.

I am of the opinion that when suitable conveniences become available at Horndean and Liphook and if there is suitable signposting of facilities in this area and in the Urban District the problem will be greatly reduced.

A collection of house refuse is carried out in localities defined on maps approved by the Council. The collection days are as follows:-

BRAMSHOTT	Weekly	Monday, Tuesday and Friday
BURITON	Fortnightly	Friday
CLANFIELD	Weekly	Wednesday
COLEMORE and PRIORSDEAN	Fortnightly	Thursday
EAST MEON	Fortnightly	Thursday
FROXFIELD	Fortnightly	Thursday
GREATHAM	Fortnightly	Friday
HAWKLEY	Fortnightly	Friday
HORNDEAN	Weekly	Monday, Tuesday and Wednesday
LANGRISH	Fortnightly	Thursday
LISS	Weekly	Wednesday and Thursday
ROWLANDS CASTLE	Weekly	Monday
STEEP	Fortnightly	Friday

Shops:

It is the duty of the County Council to enforce the general provisions of the Shops Act, 1950, but District Councils have responsibility, as part of their duties under the Public Health Acts, to enforce the provisions of section thirty-eight of the Act relating to ventilation, temperature and sanitary conveniences.

With the co-operation of the Engineer and Surveyor, we are consulted about all new proposals to ensure compliance with public health requirements.

No formal action was taken during the year.

Caravan Sites:

The Caravan Sites and Control of Development Act came into force in 1960. It made further provision for the licensing and control of caravan sites and authorised local authorities to provide and operate such sites. No sites are operated by this Council at the present time but there is a need for at least one at each end of the district.

In recent years caravans have suddenly appeared in all sorts of situations and it is impossible to keep a constant check on all of them.

Licences have been authorised in respect of the following six commercial sites:-

			Caravans
Mrs.E.L.Alsford.	Bird-in-Hand, Lovedean, Horndean.	Horndean 2355	3
Mr.F.G.Durn.	133 London Road, Horndean.	-	16
Mr.S.Hicks.	St.Christopher's Filling Station, London Road, Horndean.	Horndean 221011	12
Mrs.L.Trevis.	Prospect Farm, Havant.	Rowlands Castle 206	12
Mr.E.J.E.Marks, Stonycroft, Church Lane West, Aldershot.	Fern Cottage Farm, Greatham.	Aldershot 2730	3
Mr.J.S.Jackson, Lodge Hill, Holt, Wimborne.	The Oaks, Liphook Road, Greatham.	-	17

Licences have also been issued in respect of individual caravans. These are valid for periods which vary according to the planning permission or planning status of the site.

The Council has approved a standard list of conditions which are applied with due regard to the particular circumstances of each case, including the physical character of the site, any services or facilities that may already

Caravan Sites (Continued):

be available within convenient reach and other local conditions. Regard was had to the model standards issued by the Minister of Housing and Local Government when these conditions were drafted.

The Act also provides for certification of sites by such organisations as "The Caravan Club" and these are exempt from planning or licensing control subject to a code agreed with the Minister.

Such certificates have been issued in respect of:-

Mr.P.G.Langrish, Pyle Farm, Horndean.
Mr.H.H.C.Oram, Deer's Hut, Liphook.

Moveable Dwellings:

Some moveable dwellings do not fall within the definition of "Caravan" in the Caravan Sites and Control of Development Act, 1960. These continue to be subject to licensing control under Section 269 of the Public Health Act 1936.

Twelve such dwellings are now licensed.

Hop Pickers' Accommodation:

All local hop picking was carried out by machines. Some hop pickers huts were in use, but no problems arose.

Rural Schools:

Occasional visits were made to schools in the district in connection with sanitary accommodation, washing facilities and food preparation.

Insect Infestation:

Routine mosquito control was carried out during the "invasion" seasons. A number of complaints received during the year were dealt with but there were no major infestations.

There was a continued increase in the number of complaints of other insect pests in the home and we assisted with disinfestation where possible.

Houses suspected of being verminous are fumigated in cases where occupants are to be moved to Council accommodation.

INSPECTIONS AND VISITS

	TOTALS.
Accumulations	25
Agricultural Workers Act	8
Bakehouses	9
Cafes	24
Caravans and Moveable Dwellings	500
Clean Air Act, 1956	22
Dairies	87
Drainage	338
Factories	12
Food Premises	63
Food Vans	4
Hop-pickers' Camps	3
Houses (Public Health and Housing Acts)	784
Housing Applications	26
Ice Cream	6
Infectious Disease	72
Insect Infestation	17
Licensed Premises	4
Meat Inspection	280
Meat Shops	26
Miscellaneous	109
Mosquito Control	11
National Assistance Act, 1948	31
Noise Abatement	10
Nuisances	186
Overcrowding	3
Rodent Control	54
Sampling	57
Schools	18
Shops	27
Slaughterhouses and Knackers Yards	14
Unsound Food	9
Verminous or dirty premises	8
Water Supply	351
TOTAL	3198

Samples submitted for laboratory examination:-

Water	110 (includes 2 chemicals)
Milk	33
Milk Bottles	66 (includes various rinses)
	209

H O U S I N G

Provision of New Houses:

The following sixty-six Council housing units were erected during the year:-

Houses:	4,6,8 and 10 Glebe Road, Buriton. 5 and 7 Tower Road, Liphook. 2,4,6,8,10,12,14,16,18,20,21,22,23,24,25, 26,27,28,29,30,31,32,33,34,35,36,38,40, 42,44,46,47,48,49,51,53,55 The Mead, Liphook.
Bungalows:	1,3,5,7,9,11,13,15 Glebe Road, Buriton. 1,3,5,7,9,11, The Mead, Liphook.
Flats:	13,15,17,19,37,39,41,43 The Mead, Liphook.

During the year, two hundred and seventy-one houses were built by private enterprise.

Summary of work carried out under Public Health and Housing Acts:

A. HOUSES DEMOLISHED

	Number	Displaced	
		Persons	Families
In Clearance Areas:	-	-	-
Not in Clearance Areas:			
Houses demolished as a result of formal or informal procedure under Section 16 or Section 17(1), Housing Act, 1957	17	31	11

B. UNFIT HOUSES CLOSED OR UNDERTAKINGS ACCEPTED

	Number	Displaced	
		Persons	Families
Under Section 16(4), 17(1) and 35(1), Housing Act, 1957	5	6	2
Under Section 17(3) and 26, Housing Act, 1957	-	-	-
Parts of buildings closed under Section 18, Housing Act, 1957.. ..	-	-	-
Housing Act, 1961 - Section 26 ..	-	-	-

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED		
	By Owner	By L.A.
After informal action by Local Authority ..	13	-
After formal notice under:		
(a) Public Health Acts	5	-
(b) Sections 9 and 16, Housing Act, 1957	12	-
Under Section 24, Housing Act, 1957	1	-

D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)
NIL

E. PURCHASE OF HOUSES BY AGREEMENT
NIL

Action under Statutory Powers during the year -

(a) Proceedings under Sections 9,10 and 12 of the Housing Act, 1957 -

(i) Number of dwelling houses in respect of which notices were served requiring repairs 3

(ii) Number of dwelling houses which were rendered fit after service of formal notices -

(1) By owners.. 3
(2) By Local Authority in default of owners .. ..NIL

(b) Proceedings under Public Health Acts -

(i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 2

(ii) Number of dwelling houses in which defects were remedied after service of formal notices -

(1) By owners 4
(2) By Local Authority in default of owners .. .. ..NIL

Summary of work carried out under Public Health and Housing Acts (Continued):

(c) Proceedings under Sections 16, 17 and 23 of the Housing Act, 1957 and Section 26 of the Housing Act, 1961 -

(i) Number of dwelling houses in respect of which Demolition Orders and Closing Orders were made 10

(ii) Number of dwelling houses demolished in pursuance of Demolition Orders and otherwise 15

(iii) Number of dwelling houses closed in pursuance of an Undertaking given by the owner under Section 16 .. 15

(iv) Number of dwelling houses closed under Section 26 previously included in demolition orders under Sections 16 and 17 .. .. -

Overcrowding -

No statutory notices were served during the year regarding overcrowding.

Housing Conditions:

In 1955, this Council reported to the Minister that their programme provided for 132 slum properties to be dealt with by the end of 1960.

One hundred and thirty-one such properties have been repaired or reconditioned, one hundred and seven have been demolished and one hundred and thirteen are awaiting decision or outcome of orders or undertakings; making a total of three hundred and fifty- one.

Of these, eighty-seven were included in the report to the Minister and the remaining two hundred and sixty-fourwere discovered during routine investigation or were referred by the Housing Committee.

Twenty-four houses on the list situated in the Conford and Hammer Vale areas remain to be dealt with.

In some cases housing action is necessarily dependent upon availability of services and amenities and must sometimes await the provision of replacement houses.

It is becoming increasingly difficult to estimate the outstanding problem under this main heading. This is due chiefly to the high prices which old properties now fetch in the open market and to the extent to which rent control affects valuations when arriving at reasonable costs.

However, there is no doubt that there are still many houses requiring action to make them fit within the meaning of Section 4 of the Housing Act, 1957. The voluntary modernisation of houses with the aid of Improvement Grants has done much to raise the general housing standards in this district.

There are two kinds of grant available to landlords and to owner/occupiers for improving houses erected before 1945:-

Housing Conditions (Continued):

1. Discretionary Grant: Subject to certain conditions*, one third and sometimes up to half the estimated cost of a wide range of improvements may be paid, at the discretion of the local Council, subject to a maximum of £400. These grants are available also for the conversion of houses into flats.

2. Standard Grant: In some circumstances*, house owners and certain leaseholders can obtain, as a right, half the cost, up to a maximum grant of £155. of providing five basic amenities:-

(a)	bath or shwer in a bathroom	bath £25.
(b)	wash-hand basin	..£5.
(c)	water closet	..£40.
(d)	hot water supply	..£75.
(e)	food store	..£10.
		£155.

* Further information is contained in a pamphlet entitled "Improve your house with a grant". Copies are available at the Council Offices.

Successful progress in the Housing field is entirely dependent upon close co-operation, particularly with the Engineer and Surveyor's Department, and this has been readily forthcoming.

No opportunity was lost in dealing with demolition type properties in the area if they became vacant and provided us with an opportunity for demolition proceedings without the necessity of expensive rehousing.

During 1962, twenty-three demolition type houses were dealt with in accordance with the following table:-

Parish	Houses dealt with	Houses empty	Families rehoused or needing rehousing by this Council
Bramshott	5	1	4
Buriton	3	1	2
Clanfield	2	-	2
Froxfield	1	-	1
Greatham	1	-	1
Hawkley	3	-	3
Horndean	6	2	4
Langrish	1	1	-
Liss	1	-	1
TOTALS	23	5	18

INSPECTION AND SUPERVISION OF FOOD

Milk Supply:

There are eleven Licenced Dealers on this Council's register.

Six of the thirty-three samples taken failed to pass the required test.

One dairy in the district, where pasteurisation is carried out is supervised under powers delegated by the County Council.

Licences issued under the Milk (Special Designation) Regulations, 1960.

Dealer's Licences to sell Pre-packed Milk	14
Dealer's Licences to use the designation "Pasteuriser"	2
Dealer's Licences to use the designation "Steriliser"	-
Dealer's Licences to sell "Tuberculin Tested" Milk	3

Meat and Other Foods:

There was no complaint about the meat shops in the area. In general meat was of good quality and well handled.

As from 1st April, 1961, only one slaughterhouse was retained in this district. This followed the introduction of new Regulations in connection with construction and equipment to secure humane slaughter and hygienic conditions.

Section 16 of the Food and Drugs Act, 1955, provides for the registration of all premises used for:-

(a) The sale, or manufacture for the purpose of sale of ice cream, or the storage of ice cream intended for sale; or

(b) The preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

There are seventy premises in this District currently registered and selling ice cream and thirteen premises are registered for the preservation of food.

Meat Inspection:

Table showing animals killed and inspected and carcases, part carcases and organs condemned is as follows:-

W.T.PESCOTT & SONS, HORNDEAN:

Meat Inspection (Continued):

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Sows
Number killed	349	51	220	1700	1100	78
Number inspected	349	51	220	1700	1100	78
All Diseases except T.B.						
Whole carcases condemned	NIL	NIL	NIL	2	NIL	NIL
Weights	-	-	-	92 lb	-	-
Carcases of which some part or Organ was condemned	40	11	2	5	110	4
Weights	599 lb	172 lb	3 lb	12 lb	391 lb	23 lb
Percentage of the No. inspected affected with disease other than T.B.	11.46%	21.5%	.9%	.29%	10.0%	5.13%
Tuberculosis only.						
Whole carcases condemned	-	-	-	-	-	-
Weights	-	-	-	-	-	-
Carcase of which some part or or organ was condemned	-	-	-	-	7	1
Weights	-	-	-	-	67 lb	14 lb

CYSTICERCUS BOVIS:

There were four cases of Cysticercus Bovis during the year. All were refrigerated and released for sale after the appropriate period specified by Memo 3.

THE GRANGE SLAUGHTERHOUSE, PETERSFIELD:

The practice of deputising for the Urban District Council's Meat Inspector during holidays, sickness etc. was continued.

The following animals were inspected:-

611	Cattle	(52)
837	Sheep	(118)
231	Calves	(38)
1660	Pigs	(156)
32	Sows	(9)

The figures in brackets are the totals inspected during 1961.

Details of other condemned food:-

1x6lb Golden Counties Corned Mutton.
1x16lb "Ye Old Oak" Ham.
5lb Ayrshire Soft Cheese.

Meat Inspection (Continued):

Adulterations:

The Hampshire County Council is the Food and Drugs Authority and is responsible for the administration of the Sections of the Food and Drugs Act, 1955, which place restrictions on the addition to, or abstraction of substances from, food and drugs.

I am indebted to Mr.J.S.Preston, Chief Inspector under the Food and Drugs Act, for the following information on samples taken in the district during the year:-

" Milk Samples:

287 samples of milk were obtained, 50 being of the Channel Islands' variety. In all, 20 samples were found to be unsatisfactory, including two of Channel Islands' milk.

One of the samples of Channel Islands' milk was unsatisfactory owing to it containing what was regarded as an excessive amount of copper. The milk actually contained 3.3 parts per million of copper and this was thought to be the cause of a peculiar taint which had been noticed in the milk from the particular source. The matter was investigated and it appeared that the copper was due to the milk having passed over a cooler on which some of the tinning had worn off the copper tubing. This was confirmed by the results of samples which were taken of the milk both before and after it had been passed over the cooler. The producer was advised to replace the defective equipment and since that time there has been no further complaint.

Only one of the milk samples showed any trace of added water and in this case the amount was slight, being not more than 2 per cent. The sample in question was obtained during the informal checking of a consignment of milk which had been received at a wholesale dairy but when official samples were taken at the farm from which the milk had originated, they proved to be satisfactory. The matter was brought to the notice of the producer and it appeared that some carelessness in the drainage of the milking plant or churns after washing out with water might have caused the discrepancy in the informal sample.

All the remaining unsatisfactory samples concerned deficiencies in fat. In each case, however, they were from single churns of milk included in larger consignments, the average of the whole of which was of the required standard. In the circumstances and particularly in view of the fact that the milk in each consignment was being mixed together on arrival at the wholesale dairy, no further action was necessary.

Miscellaneous Samples:

48 samples of articles other than milk were taken and were satisfactory except in two instances, both of which affected pre-packed coffee, which contained an excessive amount of sulphur dioxide preservative. When the samples were taken, preservative was not permitted to be included in coffee but, shortly afterwards, new regulations came into force permitting a maximum of 150 parts per million of sulphur dioxide in such a product. Both of the samples contained rather more than this amount of sulphur dioxide but by the time that inquiries were made of the importers - the products being packed in West Germany - the use of preservative had been discontinued, presumably

Miscellaneous Samples (Continued):

following a similar complaint from another authority. In view of this, no further action was taken, but the importers were warned in connection with the excess sulphur dioxide. In neither of these cases was there any question of the coffee being deleterious.

No proceedings under the Food and Drugs Act were taken in respect of the samples included in this report but it should perhaps be mentioned that a baker carrying on business within the Rural District was prosecuted in respect of the sale in a neighbouring District of milk bread which was deficient of milk solids and of a sausage roll which proved to be contaminated with mould.

Fines of £5 and £20, respectively, were imposed upon the firm, in addition to the payment of seventeen guineas' costs.

General:

Attention was, as usual, given to the provisions of the Labelling of Food Order and the Pharmacy and Medicines Act, in connection with their application to the labelling and descriptions of food and drugs, during inspection visits to traders and by reference to advertisements. "

RODENT CONTROL

Rodent control in the area is carried out by Council staff, by private servicing companies and by local rat catchers.

The service to domestic premises has been free for many years and in April 1960, the Council embarked on a free service to farms and business premises for a trial period of three years.

It was thought at that time that we might not be able to cope with the extra complaints, let alone carry out statutory inspections, but the result has in fact been the elimination of "black spots" in the District and a larger degree of co-operation with the public in general.

The Council's rodent operators continued to give good service and again, chiefly as a result of their tactful approach, it was not necessary to serve any statutory notices during the year under the Prevention of Damage by Pests Act, 1949.

In general, control measures during the year were satisfactory. No complaints were made in respect of treatments, largely because of our ability to make "follow up" visits.

The following table gives details of inspections and treatments for the year 1962:-

	TYPE OF PROPERTY				
	Non-Agricultural				
	Local Authority (1)	Dwelling Houses (2)	All other (including business premises) (3)	Totals of Columns (1)(2)(3) (4)	Agricultural (5)
Number of properties in Local Authority's District	17	7287	725	8029	290
Total number of properties inspected as a result of notification	-	242	15	250	30
Number of such properties found to be infested by:- Common rat - Major	-	1	-	1	5
Minor	-	62	11	73	39
House mouse - Major	-	-	-	-	-
Minor	-	1	2	3	3
Total number of properties inspected in the course of survey under the Act	9	612	38	669	189
Number of such properties found to be infested by:- Common rat - Major	1	2	2	5	25
Minor	3	410	56	469	190
House mouse - Major	-	-	-	-	1
Minor	-	6	6	12	12
Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose)	2	298	75	375	14
Number of such properties found to be infested by:- Common rat - Major	-	1	1	2	11
Minor	-	24	22	146	76
House mouse - Major	-	-	-	-	2
Minor	2	3	3	8	5
Total inspections carried out including re-inspections	28	1356	142	1536	463
Number of infested properties	6	610	103	719	369
Number of "Block" control schemes carried out	12				

Rodent Control (Continued):

N.B. Local Authority's Properties. Council houses are included under Dwelling Houses. Premises occupied in connection with the Council's undertakings are included under this heading.

Combined Dwelling and Business Premises occupied by the same person are included under Business Premises.

Farms, Smallholdings, Poultry Farms and other premises devoted to commercial, agriculture or horticulture are included under Agricultural Property and not under Business Premises.

Unclassified Properties. Properties which do not appropriately fall under other classifications are included under Business Premises.

Degree of Infestation. "Major" includes only properties with an estimated rat population exceeding twenty rats.

Treatment means a complete operation for the destruction of rats or mice in the property.

F A C T O R I E S

Mr.A.N.Jones is H.M.Inspector of Factories for the Portsmouth District, which includes the Petersfield Rural District. His address is Princes House, Kings Terrace, Southsea.

Inspections under the Factories Act, 1937, for purposes as to health:-

Premises	Number on Register	Inspections	Number of written Notices
(1) Factories in which Sections, 1,2,3,4, and 6 are to be enforced by Local Authorities	1	4	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	53	20	3
(3) Other Premises in which Section 7 is enforced by the Local Authority	-	-	-
TOTALS	54	24	3

Section 9 of the Factories Act, 1957 provided that certification of "Means of Escape in Case of Fire" became the responsibility of the County Fire Services. All records on the subject were therefore passed to the Divisional Fire Prevention Officer.